

Case Number:	CM15-0170433		
Date Assigned:	09/11/2015	Date of Injury:	01/20/2011
Decision Date:	10/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 47 year old male, who sustained an industrial injury, January 20, 2011. According to progress note of May 19, 2015, the injured worker's chief complaint was constant pain in the bilateral wrists and hands that was aggravated by repetitive motion, gripping, pushing, pulling and lifting. The pain was characterized by throbbing. The pain was rated 7 out of 10. The cervical spine pain was aggravated by repetitive motions of the neck pushing, pulling, lifting, forward reaching and working above shoulder level. The pain was characterized as dull, with radiation into the bilateral upper extremities. The pain was rated at 3 out of 10. The injured worker had intermittent low back pain which was aggravated by bending, twisting, pushing pulling, prolonged sitting, prolonged standing and walking multiple blocks. The pain was characterized as dull. The pain was rated at 5 out of 10. The physical exam of the cervical spine noted limited range of motion due to pain. The wrist and hand noted tenderness over the volar aspect of the wrist. There was a positive palmar compression test with subsequent Phalen's maneuver. The Tinel's test was positive over the carpal tunnel. The range of motion was full and painful. There was diminished sensation in the radial digits. The lumbar spine paravertebral muscles had tenderness with palpation. The stranding flexion and extension were limited and guarded. The injured worker was diagnosed with cervicgia, carpal tunnel syndrome, lumbago status post C4-C5 anterior cervical discectomy and fusion, status post L4-L5 posterior lumbar interbody fusion, status post removal of lumbar spine hardware, left wrist internal derangement, bilateral carpal tunnel syndrome and shoulder impingement rule out rotator cuff pathology. The injured worker previously received the following treatments status

Fenoprofen, Omeprazole, Cyclobenzaprine, Tramadol and Lunesta. The RFA (request for authorization) dated the following treatments were requested Flurbiprofen and Capsaicin cream and Lidocaine and Gabapentin Gel. The UR (utilization review board) denied certification on July 22, 2015; due to Flurbiprofen and Capsaicin cream and Lidocaine and Gabapentin Gel there was no supportive guidelines or scientific evidence to support the use of Flurbiprofen and Capsaicin cream. Given the lack of support for the use of topical Flurbiprofen the request for the compound as a whole would not be warranted. Therefore, the request was non-certified. The Lidocaine and Gabapentin Gel, the lidocaine was recommended for localized peripheral pain after there had been evidence of a trail of first line therapy such as oral Gabapentin and or Lyrica. The gabapentin was addressed in the MTUS that topical Gabapentin was not warranted. Therefore, the Lidocaine and Gabapentin Gel was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

120 Flurbiprofen/capsaicin (cream): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. The claimant had been on oral NSAIDS and topical NSAIDS can reach similar systemic levels. There was no indication for duplication. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The Flurbiprofen is not medically necessary.

60 Lidocaine/gabapentin (gel): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain

when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti-epileptics such as Gabapentin are not recommended due to lack of evidence. In addition, the topical lidocaine is intended for neuropathy related to diabetes or herpes. The claimant did not have the above. The claimant was also provided with other topical analgesics. Since the compound above contains these topical medications, the compound in question is not medically necessary.