

Case Number:	CM15-0073124		
Date Assigned:	04/23/2015	Date of Injury:	08/31/2011
Decision Date:	05/20/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 is a 46 year old male, who sustained an industrial injury on 8/31/2011. He reported falling off a truck and injuring the right hand, back and head. Diagnoses include low back pain, lumbar disc displacement, lumbar radiculopathy and post-laminectomy syndrome of lumbar region; status post lumbar fusion. Treatments to date include activity modification, medication therapy, physical therapy, and therapeutic injections. Currently, he complained of pain and numbness that radiates down bilateral upper extremities rated 7/10 with medication. On 3/10/15, the physical examination documented tenderness and spasms of the cervical muscles and spinous processes with decreased sensation over the right C5-C8 dermatomes. The plan of care included continuation of medication therapy including a topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication-Compounded cream Lidocaine 6% Hyaluronic Acid .2% cream patch: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Lidoderm (lidocaine patch) Page(s): 111-113 and 56. Decision based on Non-MTUS Citation Brown, M. B., and S. A. Jones. "Hyaluronic Acid: A Unique Topical Vehicle for the Localized Delivery of Drugs to the Skin." European Academy of Dermatology and Venereology JEADV (2004): 308-18. Web.

Decision rationale: Medication; Compounded cream Lidocaine 6% Hyaluronic Acid .2% cream patch is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of topical hyaluronic acid. Lidocaine in cream, ointment, or gel form is not recommended for chronic pain by the MTUS Guidelines. A review online of hyaluronic acid reveals that it can be used as a vehicle for topical drugs through the skin. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Lidocaine in cream form. Lidocaine in patch form is recommended for post herpetic neuralgia by the MTUS and not supported in this case therefore this request is not medically necessary.