MAXIMUS Federal Services

| Case Number: | CM15-0090772 | | |
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| Date Assigned: | 05/15/2015 | Date of Injury: | 09/30/2013 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 05/08/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

## 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: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

## 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 55-year-old female who sustained an industrial injury on September 30, 2013. Previous treatment includes medications, MRI of the bilateral knees, right hip and left shoulders. Currently the injured worker complains of low back pain, neck pain, and bilateral upper and lower extremity pain. She reports that her low back pain radiates to the lower extremity, more on the right than left and the pain affects her activities of daily living. She rates her pain an 8-9 on a 10-point scale and notes that it is exacerbated by prolonged sitting, standing or walking. She uses a cane for ambulation and a knee brace for support. The injured worker reports that the pain in her neck and upper back is persistent and unchanged. On physical examination, her cervical spine range of motion is decreased and she has tenderness to palpation. She has a positive foraminal compression on the right and notes tenderness to palpation of the thoracic spine as well. She confirms tenderness to palpation over the midline lumbar spine and bilateral facets. She has a positive bilateral straight leg raises and has a limited range of motion. Diagnoses associated with the request include cervical sprain/strain, cervical radiculopathy, cervical facet arthropathy, thoracic sprain/strain, lumbar sprain/strain, thoracic facet arthropathy, and lumbar facet arthropathy. The treatment plan includes right transforaminal epidural steroid injection and Gabapentin. A request was received for Lidocaine 6%, Hyaluronic Acid 0.2% cream.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Lidocaine 6%, Hyaluronic acid 0.2% cream 120 grams with a dos of 5/1/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Retrospective Lidocaine 6%, Hyaluronic acid 0.2% cream 120 grams with a dos of 5/1/2015 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)." Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested medication is not medically necessary.