MAXIMUS Federal Services

Case Number:	CM15-0098305		
Date Assigned:	05/29/2015	Date of Injury:	03/01/2010
Decision Date:	07/02/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/21/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female who sustained an industrial injury on 3/1/10 the result of cumulative trauma injury affecting wrists, neck and low back. Currently the injured worker complains of dull, frequent low back pain with radiation into the lower extremities with a pain level of 5/10; worsening, constant bilateral elbow and wrist pain with a pain level of 7/10. Physical exam of the elbow reveals tenderness, positive Tinel's sign over the cubital tunnel, there is full but painful range of motion; wrist/ hand tenderness over the volar aspect of the wrist, positive Palmer compression test with subsequent Phalen's maneuver, positive Tinel's sign over the carpal tunnel, full but painful range of motion; lumbar spine with palpable paravertebral tenderness with spasm, seated nerve root test is negative, range of motion standing flexion and extension is guarded and restricted. Medications relieve symptoms, improve activities of daily living and make it possible for him to continue working. Urine drug screen was done 9/11/14 and was consistent with prescribed medications. Medications are Ultracin, flurlido-A, Ultraflex-G, amlodipine, Bentyl, Percocet, gabapentin, Restoril, Soma. Diagnoses include cervicalgia; lumbago; lumbar discogenic pain, status post posterior lumbar interbody fusion (12/5/14); cervical radiculopathy; bilateral lumbosacral radicular pain left more than right L5-S1; left shoulder pain and impingement, status post 8 prior shoulder dislocations; right shoulder sprain/ strain, mild impingement; bilateral carpal tunnel syndrome. Treatments to date include chiropractic care; medications. Diagnostics include electromyography (4/7/11) showing left C6 cervical radiculopathy, bilateral carpal tunnel syndrome; electromyography (7/2611) showing acute right L5-S1 and L4-5 and S1 lumbosacral radiculopathy. On 5/7/15 requests for

flurbiprofen 10%, capsaicin 0.25% patch 120 gm; Lidocaine 5%, hyaluronic 0.2 cream 120 GN were reviewed by Utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical cream: Fluribiprofen 10%/Capsaicin 0.25% (patch) 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Given the chronic nature of this case, the uncertainty of the data to support use of topical non-steroidals, and the potential for harms/side effects, the request cannot be considered medically necessary at this time.

Compound topical cream: Lidocaine 5%/Hyaluronic 0.2 (patch) cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested makes the requested treatment not medically indicated per the MTUS.