

<b>Case Number:</b>	CM14-0114461		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/24/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 60-year-old female who reported injury on 06/24/2012; reportedly the injured worker was cutting parts with electric pliers. The electric pliers got stuck and as she tried to take the pliers from the part, she felt pain in her right forearm and right elbow pain. The treatment history included x-rays, medications, therapy sessions and acupuncture sessions. The injured worker was evaluated on 07/30/2014, and it was documented the injured worker complained of constant pain in the cervical spine that aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above shoulder level. The pain was characterized as sharp. There was radiation of pain into the upper extremities. There were associated headaches that were migrainous in nature, as well as tension between the shoulder blades. The injured worker's pain was 8/10 on the pain scale. There was constant pain in the right shoulder that was aggravated by forward reaching, lifting, pushing, pulling and working at or above the shoulder level. The pain was characterized as throbbing. The pain was rated at 6/10 on the pain scale. Right elbow pain was improving. Physical examination of the cervical spine revealed there was palpable paravertebral muscle tenderness with spasm; a positive axial loading compression test was noted. Spurling's maneuver test was positive. Range of motion was limited with pain. There was tingling and numbness into the lateral forearm and hand, greatest over the thumb and middle finger, which correlates with C6 and C7 dermatomal pattern. There was a 4 strength in the wrist extensors and flexors, as well as biceps, triceps, finger extensors, and C6 and C7 and innervated muscles. Triceps reflexes were asymmetric. Shoulder examination, there was tenderness around the anterior glen humeral region and sub acromial space. Hawkin's and impingement signs were positive. Rotator cuff function appeared intact albeit painful. Range of motion, there was reproducible symptomatology with internal rotation and forward flexion. There is no clinical evidence of instability on exam. Diagnoses

included cervicalgia and JT derangement nonspecific of the shoulder. Medications included topical creams. The request for authorization was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lidocaine/Hyaluronic (patch) 6%, 0.2% Cream: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Medication-Compound Drugs.

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

**Decision rationale:** The request for Lidocaine/Hyaluronic (Patch) 6%, 0.2% CRM is not medically necessary. Chronic Pain Medical Treatment Guidelines state that 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." These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request failed to indicate the injured worker having neuropathic pain. Additionally, the request lacked location, frequency and quantity. As such the request for Lidocaine/Hyaluronic (patch) 6%, 0.2% Cream is not medically necessary.

#### **Flurbiprofen/Capsaic (patch) 10%, 0.025% CRM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Medication-Compound Drugs

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

**Decision rationale:** The request for Flurbiprofen/ Capsaic (Patch) 10%, 0.025% Cream is not medically necessary. Chronic Pain Medical Treatment Guidelines state that "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." These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully

with conventional therapy. The number needed to treat in musculoskeletal conditions was 8.1. The number needed to treat for neuropathic conditions was 5.7. The request failed to indicate the injured worker having neuropathic pain. Additionally, the request lacked location, frequency and quantity. As such the request for Flurbiprofen/Capsaic (patch) 10%, 0.025% Cream is not medically necessary.