

Case Number:	CM14-0173436		
Date Assigned:	10/24/2014	Date of Injury:	01/14/2011
Decision Date:	11/25/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice Georgia. 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 patient is a 55 year old male presenting with chronic pain following a work related injury on 01/14/2010. On 08/12/2014, the patient complained of pain in his lower back radiating down to both lower extremities and left wrist pain associated with tingling numbness. The patient has tried physical therapy, anti-inflammatory medications and epidural steroid injections. The medications included Aspirin 81 mg. The physical exam showed positive Tinels, positive Phalens, tenderness to palpation of the lumbar musculature bilaterally with increased muscle rigidity, palpable trigger points, decreased range of motion in all planes, atrophy in the bilateral lower extremities, decreased sensation along the posterior lateral thigh and lateral calf in approximately the L5 distribution right/left, positive straight leg raise at 60 bilaterally causing radicular symptoms and slightly weak motor strength of the lower extremities. EMG of the bilateral extremities showed bilateral mild median nerve sensory carpal tunnel and moderate right ulnar sensory nerve entrapment at the olecranon groove. EMG of the bilateral lower extremities showed mild chronic pattern consistent with low grade right S1 lumbar radiculopathy. The patient was diagnosed with lumbar discopathy/radiculopathy, lumbar myoligamentous injury and left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin Lipoderm (P) 10%, 0.025% Cream #120;: 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: Flurbiprofen/Capsaicin Lipoderm (P) 10%, 0.025% Cream #120 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. Although the patient had neuropathic pain confirmed with EMG/NCV, the current medications listed in the compound cream are not FDA approved; therefore, the compounded mixture is not medically necessary.

Lidocaine/Hyaluronic Acid In Lipoderm(P) 6%, 0.2% Cream #120: 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: Lidocaine/Hyaluronic Acid in Lipoderm (P) 6%, 0.2% Cream #120 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. Although the patient had neuropathic pain confirmed with EMG/NCV, the current medications listed in the compound cream are not FDA approved. Therefore, the compounded mixture is not medically necessary.