

Case Number:	CM13-0037541		
Date Assigned:	12/18/2013	Date of Injury:	02/01/1996
Decision Date:	03/12/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This is a male patient with a date of injury of 2/1/96. A utilization review determination dated 10/8/13 recommends non-certification of compounded flurbiprofen/lidocaine cream. A progress report dated 9/19/13 identifies subjective complaints including chronic pain in the neck with pain extending down the left arm, up to 5/10. Objective examination findings identify tenderness and spasm in the cervical and trapezial musculature. Treatment plan recommends Ultram ER, hydrocodone, Naprosyn, Protonix, cyclobenzaprine, gabapentin, flurbiprofen/lidocaine cream, upper extremity EDS, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Compound Flubiprofen 20% lidocaine 2% cream; 30 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Regarding the request for compound flubiprofen 20% lidocaine 2% cream 30 grams, California MTUS cites that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical

treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. They also cite that topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." That has also not been documented. Furthermore, it is supported only as a dermal patch. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In the absence of such documentation, the currently requested compound flubiprofen 20% lidocaine 2% cream 30 grams is not medically necessary.