

Case Number:	CM13-0047046		
Date Assigned:	12/27/2013	Date of Injury:	05/30/2004
Decision Date:	03/06/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 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:

The patient is a 46 year old female, who reported sustaining injury during the course of her employment activities with the [REDACTED] on May 30, 2004. The injury occurred while she was in the process of arresting a large male suspect. In the process of maneuvering this male in order to restrain him, she reported that she twisted her back. Approximately one hour after rolling the suspect over and handcuffing him, she noted the onset of pain in the left leg in the proximal left thigh. The patient reported that she subsequently developed pain in the mid portion of her lower back and that pain has more or less remained the same. She noted that she progressively developed numbness in her left leg. This numbness extended all the way down into her foot. As time passed, this numbness progressively worsened. The current diagnoses are: Cervical disc displacement; lumbar disc degeneration. Treatment has included: 1/25/13 bilateral L4-5 and L5-S1 intraarticular facet blocks; diagnostics; 9/21/12 epidural steroid injection; medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%/Lidocaine 5%/Menthol 5%/Camphor 1% #180gm 28 day supply:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Medical records provided for review have not established that there has been inadequate analgesia, intolerance or side effects from use of the more accepted first-line medications prior to consideration of compounded topical formulations. Also the MTUS Chronic Pain Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen is not supported by MTUS Chronic Pain Guidelines. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Therefore the request for Flurbiprofen 25%/Lidocaine 5% Menthol 5% Camphor 1% cream 180gm 28 day supply is not medically necessary

Tramadol 15%/Lidocaine 5%/Dextromethorphan 10%/Capsaicin 0.025% 180gm 28 day supply: Upheld

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

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

Decision rationale: MTUS Chronic Pain Guidelines state that the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. MTUS Chronic Pain Guidelines further state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS Chronic Pain Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Tramadol is not supported by MTUS Chronic Pain Guidelines. Therefore the request for Tramadol 15%/Lidocaine 5%/Dextromethorphan 10%/Capsaicin 0.025% 180gm 28 day supply is not medically necessary and appropriate.