

Case Number:	CM13-0054845		
Date Assigned:	12/30/2013	Date of Injury:	10/09/2012
Decision Date:	04/03/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/20/2013

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 the date of injury of October 19, 2012. A utilization review determination dated October 22, 2013 recommends non-certification of urine toxicology screen, follow up, and compounded transdermal cream. The previous reviewing physician recommended non-certification of urine toxicology screen due to lack of documentation of indicators or predictors of possible drug misuse; non-certification of follow up due to lack of documentation of a provided rationale for the medical necessity of further evaluation and consultation; and non-certification of compounded transdermal cream due to lack of documentation of provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment. A Urine Toxicology Review Report dated 7/26/13 was identified. A Pharmacological Consultation Progress Report dated September 24, 2013 identifies History of chronic pain in the lower back with pain extending down the right and left leg. The patient is also experiencing some pain in the left side of the neck with pain extending down the left arm. Physical Examination identifies decreased range of motion of the lumbar spine secondary to pain. There is positive lumbar tenderness and paraspinous muscle spasming. Discussion includes continue the patient on his current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% and Lidocaine 2% cream 30 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 topical flurbiprofen and lidocaine, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Regarding topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. In addition, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical flurbiprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical flurbiprofen is for short term use, as recommended by guidelines. Furthermore, the guidelines do not recommend lidocaine in creams. In the absence of clarity regarding those issues, the currently requested flurbiprofen 20% and Lidocaine 2% cream 30 grams is not medically necessary.

Office visits one (1) time per month for 6 months:

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits

Decision rationale: Regarding the request for office visits one (1) time per month for 6 months, California MTUS guidelines do not contain criteria for office visits. ODG states Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Within the medical information made available for review, there is documentation that the patient is on medicines that require monitoring. However, there is no documentation of a rationale identifying why 6 months of office visits are necessary. While 1 office visit appropriate, unfortunately, there is no provision to modify the current request. As such, the currently requested office visits one (1) time per month for 6 months is not medically necessary.

