

Case Number:	CM13-0057362		
Date Assigned:	12/30/2013	Date of Injury:	01/14/2010
Decision Date:	03/24/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 49 year old man with a date of injury of 1/14/10. He is status post left knee arthroscopy and an MRI showing persistent OCD lesion at the medial femoral condyle. He has bilateral plantar fasciitis, lumbar sprain and anxiety-depression. He also has low back pain which has been treated with multiple modalities including epidural injection. He was seen by his physician on 9/5/13 and continued to complain of lower back pain which radiated to both legs. On exam, his back was tender with increased pain on range of motion. He had bilateral positive straight leg raises causing light pain. Physical therapy was recommended and he did undergo a course of physical therapy with multiple treatment modalities. At issue in this review is a compounded cream (Flurbiprofen 325%, Lidocaine 5%, Menthol 1%, Camphor 1%) which has been prescribed for months.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for one compound cream (Flurbiprofen 325%, Lidocaine 5%, Menthol 1%, Camphor 1%) between 11/8/13 and 1/7/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm and Topical Analgesics Page(s): 56-57 and 111- 112..

Decision rationale: MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized 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. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Regarding topical one compound cream (Flurbiprofen 325%, Lidocaine 5%, Menthol 1%, Camphor 1%) between 11/8/13 and 1/7/14 in this injured worker, the records do not provide clinical evidence to support medical necessity. There is no documentation of relief or improvement with the medication. There is no evidence of post-herpetic neuralgia or that this compound is medically indicated in this worker. The denial is appropriate.