

Case Number:	CM13-0058545		
Date Assigned:	12/30/2013	Date of Injury:	06/27/2002
Decision Date:	08/21/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/27/2013

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 Occupational Medicine 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 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 51 year-old male who was injured on 06/27/2002 while he threw padding over his shoulder and stood up. He continued to have pain across the lower back. Prior treatment history has included the following medications: Tramadol, Norco, Voltaren, Gabapentin, Flexeril, Protonix, and Flurbiprofen. It was mentioned in a progress note dated 08/29/2013 that the patient had not been taking his medications due an increase in his liver functions. The progress note dated 07/23/2013 documents the patient with continued chronic pain in the lower back with a reported pain scale measurement of 4/10, which is made worse with activities. The patient indicates he has been taking his medications, including Ultram and they have been helping his symptoms overall. Objective findings on examination reveal decreased range of motion of the lumbar spine secondary to pain. There is positive lumbar tenderness and paraspinous muscle spasms. Sensation is intact over all dermatomes of the lower extremities. Reflexes are hyporeactive in the ankles and bilaterally symmetric. Treatment Plan: I will have the patient continue with his Ultram and Flexeril since these are helping him. We will obtain another comprehensive metabolic panel today as well as urine tests. Progress note dated 09/25/2013 documented the patient with continued chronic low back pain with occasional numbness involving the right and left lower extremities. The pain is reported as 6/10. Objective findings on examination reveal decreased range of motion of the lumbar spine secondary to pain. There is positive lumbar tenderness and paraspinous muscle spasms. Diagnoses: 1) Lumbar sprain 2) Lumbar neuritis 3) Lumbar segmental dysfunction. Treatment Plan: At this point the patient's labs are under control as well as his blood pressure. Therefore, we will start him back on his usual pain medications and anti-inflammatory medications to include: Tramadol, Norco, Voltaren, Gabapentin, Flexeril, Protonix, and Flubiprofen. Utilization report dated 10/29/2013

denied the request for Flurbiprofen 20%/Lidocaine 2% Cream 30 grams. CA MTUS states topical analgesics are largely experimental in use with few randomized controlled trial to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no supporting documentation in regards to the objective evidence of improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20%, LIDOCAINE 2% CREAM 30 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical analgesics.

Decision rationale: This is a request for a topical Lidocaine cream containing an NSAID. However, MTUS guidelines only recommend Lidocaine in the form of Lidoderm patches for localized, peripheral neuropathic pain after a failure of oral first-line medications. Guideline criteria has not been met. Therefore, the request for the Flurbiprofen 20%, Lidocaine 2% Cream 30 grams is not medically necessary.