

Case Number:	CM13-0071758		
Date Assigned:	01/08/2014	Date of Injury:	06/24/2009
Decision Date:	05/29/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/26/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 6/24/2009. The diagnoses listed are low back pain radiating down the right leg, headache, right shoulder and upper extremity pain. There are associated insomnia, anxiety, and depression. The past surgery history is significant for right shoulder surgery. The medications listed are Zolpidem for sleep, hydrocodone, naproxen, topiramate and compound topical cream for pain. On 10/30/2013, the provider noted that the pain was constant, mild and associated with tingling sensation. The patient had lumbar epidural steroid injection and had used the transcutaneous electrical nerve stimulation (TENS) unit. A Utilization Review decision was rendered on 12/6/2013 recommending non certification for compound topical cream containing Flurbiprofen 20%, lidocaine 10% and dexamethasone 4% in 240gm jar.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20%, LIDOCAINE 10%, DEXAMETHASONE 4% 240GM JAR:

Upheld

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

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

Decision rationale: The CA MTUS addressed the use of topical analgesics for the treatment of osteoarthritic and neuropathic pain. Topical analgesic preparations can be utilized for the treatment of pain when trials with oral non-steroidal anti-inflammatory drugs (NSAIDs), anticonvulsant and antidepressant medications have failed. In this case, this patient has been diagnosed with coexisting anxiety, depression, and neuropathic type pain complaints. The record does not indicate that the patient has failed treatment with anticonvulsants and antidepressants. The topical preparation contains Flurbiprofen 20%, lidocaine 10% and dexamethazone 4%. The guidelines recommend that topical medications be tried and evaluated individually for efficacy. There is also lack of guideline support for the use of topical lidocaine in any other formulation other than as Lidoderm patch.