

Case Number:	CM14-0019148		
Date Assigned:	04/23/2014	Date of Injury:	11/25/2008
Decision Date:	07/03/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/14/2014

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 Emergency 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:

This is a patient with a date of injury of 11/25/2008. Mechanism of injury report as related to a fall and back injury at work. Patient has a diagnosis of lumbar stenosis, radiculopathy of legs, lumbar degenerative changes with pedicle shortening and lumbar sprain/strain. Multiple reports from primary treating physician and consultants reviewed. Last report available until 11/25/13. Patient complains of neck pain with limited range of motion (ROM), low back and restless leg syndrome of both legs. Patient has limited standing and walking due to pain. Reported falls due to legs giving out. Pain is 8-10/10 in the back and 6-10/10 of the legs. Improved with pain and laying down. Neck pain is reportedly 8/10. Objective exam reveals patient in no distress. Slow gait and awkward station. Neck exam had mild tenderness and spasms but was otherwise normal. Lumbar spine exam had loss of lumbar lordosis, muscle spasms, tenderness and restricted motion. Diffuse tenderness and spasms. ROM was limited. Leg exam shows good ROM with pain at end ROM. Normal strength, patchy sensory changes, diminished reflexes but otherwise normal. Medication list includes norco, cyclobenzaprine, omeprazole, endocet and tizanidine. MRI (10/23/12) reveals transitional lumbosacral vertebra soon to be a L5, facet overgrowth and shortening. Severe central stenosis of L4-5 with facet overgrowth and shortening. Moderate R foramina stenosis due to disc bulge and facet overgrowth. Severe central stenosis of L3-4 and L2-3. X-ray (1/30/13) no noted instability on flexion/extension views and degenerative changes. Utilization review is for prescription for flurbiprofen 25%/Lidocaine 5% 30ml (retrospective) topical. Prior UR on 2/14/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: FLURBIPROFEN 25%/LIDOCAINE 5% 30 ML QTY: 1.00: Upheld

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

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

Decision rationale: The requested medication is a compounded product containing 2 active ingredients. As per MTUS Chronic pain guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." 1) Flurbiprofen: Flurbiprofen is an NSAID (Non-steroidal Anti-inflammatory Drug) Some evidence show that it is superior to placebo but there is no evidence to support its use on spinal osteoarthritis. It is not recommended. 2) Lidocaine: Lidocaine is indicated for neuropathic pain. However, as per MTUS guideline, only FDA approved products are approved. Only FDA approved topical lidocaine is lidoderm. Lidocaine is not recommended. The entire compounded product is not medically necessary.