

Case Number:	CM14-0110975		
Date Assigned:	09/16/2014	Date of Injury:	08/04/2011
Decision Date:	12/04/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 55 year old female who reported an injury on 08/04/2011. The mechanism of injury was not specified. Her diagnoses were noted to include cervical spine sprain/strain with radiculopathy, discogenic disease, and closed head trauma. Past treatment was noted to include medication. On 05/15/2014, it was noted the injured worker had complaints of pain and tenderness to her cervical spine, left shoulder, and lumbar spine. Upon physical examination, she was noted to have sensory deficits and limited range of motion to the cervical spine, left shoulder, and lumbar spine. Her medications were noted to include Tylenol with codeine 30/300mg, though the frequency was not documented. The treatment plan was noted to include aquatic therapy, a pain management consultation, an ENT consultation, gastrointestinal consultation, ophthalmology consultation, a dental consultation, and an MRI of the lumbar spine. A request was received for 240g Flurbiprofen 25% and Lidocaine 10% without a rationale. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

240g Flurbiprofen 25%, (Lidocaine 10%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES COMPOUND DRUGS

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain after trials of anticonvulsants and antidepressants have failed. The guidelines also state that a compounded medication is not recommended if any one of the medications in it is individually not recommended. The guidelines note topical NSAIDs, such as Flurbiprofen, are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. The guidelines note topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The injured worker had complaints of pain to her spine and shoulder. However, the documentation failed to indicate whether the injured worker tried antidepressants or anticonvulsants which failed to relieve her pain. Lidocaine is not recommended for topical application in cream form. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. There was no indication that the injured worker had osteoarthritis or tendonitis to a joint amenable to topical treatment. Additionally, the request did not specify the frequency, duration, or body region this medication was to be applied. As such, the request is not medically necessary.