

Case Number:	CM14-0152558		
Date Assigned:	09/22/2014	Date of Injury:	05/05/1998
Decision Date:	10/29/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/18/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 43-year-old female with a reported date of injury of 11/04/1999. The mechanism of injury was not listed in the records. The patient's diagnoses included fibromyalgia syndrome. The past treatments have included pain medication and physical therapy. There is no relevant diagnostic imaging studies submitted for review. There is no relevant surgical history documented in the notes. The subjective complaints on 07/29/2014 included pain in multiple areas. The most significant pain she reported was in the neck and back. The physical examination noted decreased range of motion in the lumbar spine and tenderness in the lower lumbar paravertebral musculature. The medications included Celebrex 200 mg, Ambien 10 mg, and LF520. The treatment plan was to continue and refill medications. A request was received for topical LF520 (lidocaine 5%, Flurbiprofen 20%) 120 g, quantity 1, refills 2. The rationale for the request was to decrease pain and inflammation. The Request for Authorization form was dated 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical LF520 (Lidocaine 5%, flurbiprofen 20%) 120 gm Qty: 1 Refills: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-1112.

Decision rationale: The request for Topical LF520 (lidocaine 5%, Flurbiprofen 20%) 120 gm Qty: 1 Refills: 2 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In regard to lidocaine, the guidelines state that there are no commercially approved topical formulations of lidocaine for neuropathic pain other than Lidoderm brand patches. As the proposed compound contains an unapproved formulation of lidocaine, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.