

Case Number:	CM14-0163255		
Date Assigned:	10/08/2014	Date of Injury:	01/13/2004
Decision Date:	12/22/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/03/2014

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, has a subspecialty in Interventional Spine 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 65-year-old male with a date of injury of 01/13/2014. According to progress report dated 07/10/2014, the patient presents with continued low back pain and occasional left hip pain and also reports intermittent shoulder and neck pain. Examination of the left shoulder revealed tenderness over the anterolateral aspect of the shoulder. Passive forward flexion is 107 degrees, with a positive impingement sign. Examination of the right shoulder revealed full range of motion and positive impingement sign. Examination of the cervical spine revealed tenderness in the posterior cervical and bilateral trapezial musculature. Examination of the lumbar spine revealed tenderness in the lower lumbar paravertebral musculature and reduced forward flexion with noted pain. Examination of the left hip revealed tenderness over the lateral aspect of the hip with flexion of the hip. The listed diagnoses are: 1. Left shoulder impingement syndrome, AC joint arthropathy. 2. Right shoulder impingement syndrome. 3. Cervical spondylosis. 4. Grade-I spondylolisthesis, L5-S1. 5. Left hip greater trochanteric bursitis. The treatment plan included Norco and a topical compound cream "LF520." The utilization review denied the requests on 09/05/2014. Treatment reports 11/26/2013 through 09/04/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LF520 (Lidocaine 5%, Flurbiprofen 20%) 120grams with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, topical analgesics Page(s): 111.

Decision rationale: This patient presents with low back pain. The patient also reports intermittent left hip, shoulder, and neck pain. The current request is for LF520 (lidocaine 5%, flurbiprofen 20%) 120 grams with 2 refills. The California MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." For Flurbiprofen, which is a nonsteroidal antiinflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. In addition, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. The requested treatment is not medically necessary and appropriate.