

Case Number:	CM14-0177389		
Date Assigned:	10/30/2014	Date of Injury:	04/16/2004
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine, has a subspecialty in Allergy and Immunology and is licensed to practice in 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 injured worker is a 62 year old male who reported an injury on 04/16/2004 due to an unspecified mechanism of injury. His diagnoses include multilevel lumbar spine herniated nucleus pulposus with stenosis, right knee medial meniscal tear, status post left knee arthroscopy, and left knee medial compartmental arthropathy with probable meniscal tear. His past treatments were not provided. The diagnostic studies included an MRI of the lumbar spine performed on 07/15/2013. A surgical history was not provided. On 07/24/2014, the injured worker reported persistent severe low back pain and intermittent right knee pain. The physical exam findings of the lumbar spine revealed tenderness to palpation of the paravertebral musculature, decreased range of motion, and intact strength in the bilateral lower extremities. Additionally, there was right knee tenderness to palpation along the medial joint, pain with flexion, and a positive McMurray's test. His current medications were noted to be Ultram and Motrin. The treatment plan included a prescription for LF520 cream to alternate between oral NSAIDs to prevent gastric upset and he received a Toradol 60 mg injection for low back and right knee pain. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LF520 AP (Lidocaine/Flurbiprofen) Cream x 2 refills: Upheld

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

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

Decision rationale: The request for LF520 AP (Lidocaine/Flurbiprofen) Cream x 2 refills is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental with limited research studies to determine efficacy or safety and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note if a compounded product contains at least one drug or drug class that is not recommended, then it is not recommended by the guidelines. 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 guidelines note topical NSAIDs 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 documentation submitted indicates the topical cream will be used for low back and knee pain. The guidelines do not recommend the use of topical NSAIDs for the spine and there is no evidence that the injured worker has osteoarthritis and tendonitis to the knee. Topical lidocaine is only FDA approved as a dermal patch and is not recommended in cream form for topical application. 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. Therefore, the request is not supported by the evidence-based guidelines. As such, the request for LF520 AP (Lidocaine/Flurbiprofen) Cream x 2 refills is not medically necessary.

Toradol Injection 60mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

Decision rationale: The request for Toradol Injection 60mg is not medically necessary. The California MTUS Guidelines do not recommend Toradol for chronic painful conditions. The injury occurred in 04/2004 and the injured worker reported severe ongoing chronic pain in his low back as well as intermittent right knee pain; however, the use of Toradol for chronic pain conditions is not supported by the evidence-based guidelines. Additionally, there was insufficient documentation indicating the injured worker's need for a Toradol injection as opposed to traditional oral medications. Therefore, the request for Toradol Injection 60mg is not medically necessary.