

Case Number:	CM14-0185337		
Date Assigned:	11/13/2014	Date of Injury:	10/27/2009
Decision Date:	12/23/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/06/2014

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, 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 62 years old female with an injury date of 10/27/09. Per the 10/01/14 report the patient presents with lumbar pain along with neck pain radiating to the shoulder area. Examination shows moderate tenderness to palpation over C4-C5, C5-6 and C6-7. Lumbar examination reveals localized tenderness over the bilateral L5-S1 left worse than right over the scar area with hypersensitivity. The patient's diagnoses include: 1. Status post anterior posterior lumbar fusion surgery (date unknown) 2. Persistent lumbago with post-surgical pain 3. C4-5 and C5-6 cervical disc herniation 4. Left cervical radiculitis 5. Left shoulder sprain/strain with shoulder bursitis. The utilization review being challenged is dated 10/20/14. Reports were provided from 05/05/14 to 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: FLUBIPROFEN 20%/ CYCLOBENZAPRINE 4%/ LIDOCAINE 5% 240GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical lidocaine; topical creams Page(s): 112; 111.

Decision rationale: The patient presents with lumbar pain and neck pain radiating to the shoulder area. The treater requests for MEDICATION: FLURBIPROFEN 20%/CYCLOBENZAPRINE 4%/LIDOCAINE 5% 240 GM.MTUS guidelines page 112 state regarding Lidocaine, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS page 111 further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Cyclobenzaprine is not recommended for topical formulation and Lidocaine is recommended only in patch form. Therefore, the request is not medically necessary.