

Case Number:	CM14-0034257		
Date Assigned:	07/02/2014	Date of Injury:	06/03/2011
Decision Date:	08/19/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/19/2014

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 Family Practice 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 claimant is a 59 year old male who sustained a work injury on 6/3/11 involving the neck, right shoulder and low back. He was diagnosed with cervical spine discopathy with herniated nucleous pulposis, right / left shoulder impingement and lower extremity radiculopathy. He has undergone therapy, EMG testing undergone extracorporeal shock wave therapy for the lower extremities. He has used oral analgesics for pain control. An exam report on 1/7/14 indicated that the claimant had intermittent pain with exam findings notable for restricted range of motion of the shoulders, neck and low back. He had paravertebral tenderness as well. The treating physician recommended increasing Sinnemet for his chronic Parkinson's. In a subsequent visit in February 2014, the treating physician provided topical Flurbiprofen 25% and Lidocaine 10% 240 grams for topical pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 container of Flurbiprofen 25% and Lidocaine 10% 240 grams: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. 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. Based on the Flurbiprofen 25% and Lidocaine 10% containing an NSAID and topical lidocaine, the guidelines and studies do not support its use for the claimants muscle pain, back pain or rigidity. Therefore, the request for 1 container of Flurbiprofen 25% and Lidocaine 10% 240 grams is not medically necessary and appropriate.

1 Container of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, and Camphor 2% 240 Grams: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. 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. Based on the Flurbiprofen 25% and Lidocaine 10% containing an NSAID and topical lidocaine, the guidelines and studies do not support its use for the claimants muscle pain, back pain or rigidity. Therefore, the request for 1 container of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, and Camphor 2% 240 Grams is not medically necessary and appropriate.