

Case Number:	CM14-0056582		
Date Assigned:	07/09/2014	Date of Injury:	07/12/2012
Decision Date:	09/19/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/25/2014

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 47-year-old male who reported an injury on 07/12/2012 due to an unspecified cause of injury. The medical history was not provided. The diagnoses was not provided. The MRI of the left ankle dated 12/11/2012 revealed normal findings. The MRI of the right ankle dated 12/11/2012 revealed normal findings. The MRI dated 12/14/2012 of the cervical spine revealed anatomic alignment, endplate sclerotic changes were seen within the inferior endplate of C5 and the superior endplate of C6. The MRI dated 12/18/2012 of the right shoulder normal findings. The MRI dated 12/18/2012 of the left shoulder revealed contrast material within the glenohumeral joint, fibrous thickening at the acromioclavicular joint capsule within the osteophyte formation. The MRI dated 12/17/2012 of the right knee revealed chondromalacia of the lateral articular margin of the patella, a bright signal of the anterior cruciate ligament near the tibial attachment site. The MRI of the left knee dated 12/17/2012 revealed chondromalacia on the medial lateral articular margin of the patella, bright signal of the central portion of the anterior cruciate ligament near the tibia, small amount of joint effusion present. The MRI dated 12/14/2012 of the thoracic spine revealed a Schmorl's node formation. The MRI dated 12/14/2012 of the right wrist revealed no abnormalities. The MRI dated 12/11/2012 of the lumbar spine revealed a paracentral disc protrusion at L1-2, a broad based disc protrusion at L3-4, a paracentral disc protrusion at L4-5 and a broad based disc protrusion at L5-S1. The Request for Authorization dated 07/09/2014 was submitted with documentation. No rationale for the flurbi Lido A was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi-Lido-A 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The decision for Flurbi-Lido-A 30gm is not medically necessary. The California MTUS Guidelines recommend 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The clinical notes provided were not evident of the injured workers medical history. Per the guidelines any topical compound that is not recommended is not recommended. The documentation provided was not evident of any clinical notes that addressed, history, diagnosis, diagnostics, and objective findings. Past treatments, medications. The request did not address the frequency. As such, the request is not medical necessary.