

<b>Case Number:</b>	CM14-0081274		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/19/1997
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Nevada. 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 records, presented for review, indicate that this 61 year old male was reportedly injured on November 19, 1997. The mechanism of injury is undisclosed. The most recent progress note, dated March 12, 2014, indicated that there were ongoing complaints of back pain with bilateral lower extremity involvement. The physical examination demonstrated tenderness to palpation, muscle spasms, decrease lumbar spine range of motion, decreased sensation in the bilateral lower extremities, and tenderness in the cervical spine. Diagnostic imaging studies noted degenerative changes throughout the lumbar and cervical spine. Previous treatment included multiple medications, multiple pain management interventions, and urine drug screening. A request was made for multiple topical preparations and was denied in the preauthorization process on May 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Lido/Gaba/ Tram 6/10/10%, 180gm: Upheld**

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

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

**Decision rationale:** As outlined in the Medical Treatment Utilization Schedule (MTUS) guidelines, these types of accommodation preparations are largely experimental and when one component is not clinically indicated, the entirety is not recommended. In that this combination preparation includes Lidocaine, and there is no objectification of a specific neuropathic lesion, there is no clinical indication presented for the continued use of this medication. As such, The request is not medically necessary and appropriate.

**1 prescription for Flurbi/Lido 20/5%, 180gm:** Upheld

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

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

**Decision rationale:** As noted, the Medical Treatment Utilization Schedule (MTUS) feels that this medication combinations are largely experimental. Furthermore, the use of Lidocaine is not clinically indicated nor is the use of a transdermal nonsteroidal antiinflammatory (flurbiprofen). Therefore, when noting that there is no noted efficacy in the progress notes reviewed, and with the parameters outlined in the MTUS, the request is not medically necessary and appropriate.