MAXIMUS Federal Services

Case Number:	CM14-0193291		
Date Assigned:	12/01/2014	Date of Injury:	04/11/2012
Decision Date:	02/04/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/18/2014

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 Rehab, 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 43 year old female with an injury date on 4/11/12. Patient complains of cervical pain radiating down the right shoulder and down the mid-back into the thoracic area, with pain rated 8/10 per 8/25/14 report. Patient also has continuing lower back pain, rated 8/10, radiating into the right buttock, right lower extremity, and down to the right ankle, with burning pain in the right knee with swelling per 8/25/14 report. The patient underwent cortisone injection to the right knee and right shoulder which provided relief for two days, and previously underwent epidural steroid injection to the L-spine with no significant benefit per 7/28/14 report. Based on the 8/25/14 progress report provided by the treating physician, the diagnoses are: 1. cervical disc syndrome 2. bilateral shoulder bursitis 3. right shoulder biceps tenosynovitis 4. lumbar disc syndrome 5. sciatic neuritis 6. degenerative joint disease / osteoarthritis right knee 7. grade 1 anterolisthesis of L5 over S18. medial femoral condyle with defect of right knee. A physical exam on 8/25/14 showed "L-spine range of motion limited with flexion decreased 10 degrees, C-spine range of motion limited with extension decreased by 10 degrees, right knee has full range of motion." The patient's treatment history includes physical therapy (6 session), epidural steroid injection to lumbar, medication (opioid, prilosec), cortisone injections (shoulder, knee), left carpal tunnel release from 2004. The treating physician is requesting compound: flurbiprofen, cyclobenzaprine, lidocaine 180gm. The utilization review determination being challenged is dated 10/31/14. The requesting physician provided treatment reports from 2/1/13 to 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% (180gm): 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 Medicine; Salicylate topicals Page(s): 111-113; 105.

Decision rationale: This patient presents with neck pain, right shoulder pain, thoracic spine pain, lower back pain pain, right buttock/knee/lower extremity/ankle pain. The treating physician has asked for Compound: Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% (180gm) on 8/25/14. Regarding topical lidocaine, MTUS recommends it for "localized peripheral pain," and for neuropathic pain, after other agents have been tried and failed. MTUS specifically states, however, that only the dermal patch form of lidocaine is indicated. Topical NSAIDs are recommended for peripheral joint arthritis/tendinitis problems and topical muscles relaxants are not recommended at all. MTUS further states that if one of the components of the compounded product is not recommended then the entire compounded product is not recommended. In this case, Lidocaine in a cream form is not recommended and Flexeril is not recommended for topical use. Therefore, the request is not medically necessary.