

Case Number:	CM14-0193482		
Date Assigned:	12/01/2014	Date of Injury:	03/20/2012
Decision Date:	01/13/2015	UR Denial Date:	10/16/2014
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 and 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 65 year old male with the injury date of 03/20/12. Per treating physician's report 09/19/14, the patient presents pain in his neck, shoulders, mid and lower back, radiating down upper/ lower extremities. The patient rates his shoulder pain as 3-4/10, mid and lower back pain as 4/10. The patient rates his pain as 6/10 without medication. The patient also complains of pain in both of his elbows, rating 3-4/10 and both of his knees, rating 3/10. "Topical creams/ patches help decrease pain, walk longer, sit longer, increase sleep and decrease oral medications." The patient presents limited ROM of cervical or lumbar spine. His cervical flexion is 35 degrees, extension is 40 degrees and rotation is 70 degrees bilaterally. His lumbar flexion is 50 degrees, extension is 15 degrees and lateral bending is 15 degrees bilaterally. The list of diagnoses are: 1) Headaches 2) Cervical disc protrusion 3) Cervical radiculopathy 4) Thoracic sprain/ strain 5) Lumbar radiculopathy 6) Lumbar disc protrusion 7) Bilateral shoulder rotator cuff syndrome 8) Bilateral elbow lateral epicondylitis 9) Bilateral wrist tenosynovitis 10) Bilateral chondromalacia patella 11) Bilateral ankle sprain/ strain 12) Depression. The treater requests Flurbi(NAP) Cream (Flubiprofen 20%, Lidocaine 5%, Amitriptyline 4%) for pain and inflammation. The treater mentions that the efficacy of the medications will be reviewed upon the patient's next visit. The patient will remain off work until 12/12/2014. Progress report 08/20/14 has the same patient's condition in his neck, shoulders, mid and lower back. The patient rates his pain as 3-4/10 without medication and 1/10 with medication. None of the reports show names of medication. The utilization review determination being challenged is dated on 10/16/2014. Treatment reports were provided from 07/17/2014 to 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen POW (nap) cream- LA 180 gms: Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his neck, shoulders, lower back and extremities. The request is for FLURBIPROFEN POW (NAP) CREAM-LA 180gms: Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%; apply 2-3 times a day. MTUS guideline page 111 recommends Non-steroidal ant inflammatory agents (NSAIDs) as topical analgesics for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). " MTUS page 111 states that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." This patient, while there are diagnoses of pain in neck, low back and knees, there is no evidence of "localized pain that is consistent with neuropathic etiology." In this case, the patient suffers from bilateral wrist tenosynovitis which indicates the use of Flurbiprofen. Regarding Lidocaine, there is no evidence of "localized pain that is consistent with neuropathic etiology." The treater's reports do not contain any information that the patient has tried antidepressants and anticonvulsants in the past, either. Regarding Amitriptyline, there are no guidelines to support this medication as a topical cream. The request IS NOT medically necessary.