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| Case Number: | CM14-0194549 | | |
| Date Assigned: | 12/02/2014 | Date of Injury: | 11/20/2010 |
| Decision Date: | 01/16/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

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 Physical Medicine & 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 51 year old male with an injury date of 11/20/10. Based on the 05/13/14 progress report, the patient complains of mid back pain which he rates as a 5-6/10 and left ankle pain which he rate as a 5/10. He has numbness and weakness of the bilateral lower extremities and cramping in the left lower extremity. In regards to the lumbar spine, range of motion is limited in all directions and is limited by spasm upon flexion and extension. Minor sign is present, Valsalva maneuver is present, and Kemp's test is positive bilaterally. Straight leg raise is positive in a seated position at 50 degrees on the left. In regards to the ankle, the patient has a limited range of motion in all ranges. There is evidence of spasm upon eversion of the left ankle. Inversion test is positive on the left with pain over the lateral malleolar area. The 09/22/14 report states that the patient has low back pain as well as numbness and tingling to the bilateral legs. The patient also has constipation. Tenderness was present at L3, L4, and L5. The patient's diagnoses include the following: 1.Lumbar region disc disorder 2.Left ankle internal derangement 3.Insomnia 4.Constipation The utilization review determination being challenged is dated 10/23/14. There were two treatment reports provided from 05/13/14 and 09/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCI (Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%) 180 gms: 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.

Decision rationale: According to the 09/22/14 report, the patient presents with low back pain as well as numbness and tingling to the bilateral legs. The request is for FCI (Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%) 180 Grams. MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. In this case, the patient does not present with arthritis/tendinitis for which this topical medication may be indicated nor does the treater indicate how this topical product is being used and with what efficacy either. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. MTUS page 111 further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the requested topical compound contains muscle relaxant Cyclobenzaprine, which is not supported for topical use by guidelines. Lidocaine is recommended only in patch form. The requested FCI IS NOT medically necessary.