

Case Number:	CM14-0195305		
Date Assigned:	12/03/2014	Date of Injury:	03/01/2003
Decision Date:	01/15/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 Internal Medicine 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 injured worker (IW) is a 52-year-old woman with a date of injury of March 1, 2003. The mechanism of injury was not documented in the medical record. The current working diagnoses include degeneration of lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis; spondylosis of unspecified site without mention of myelopathy; spasms of muscle; sacroiliitis; sacroiliac sprain; lumbago; sciatica; and chronic pain syndrome. Pursuant to the progress report dated October 29, 2014, the IW reports low back pain with radiation to bilateral legs rated 7/10, and ranged from 4-9/10 since her last visit. She denied any new symptoms, new medications, or medication side effects since her last visit. She reported benefit from chronic pain medication regimen activity restrictions and rest. On examination, lumbar flexion is to 60 degrees with moderate low back pain, extension is limited to 25 degrees due to facet loading pain. Palpation of the lumbar facets elicited facet tenderness. Straight leg raise is no longer positive bilaterally at 30 degrees. The sacroiliac joints are non-tender to palpation. There is dyesthesia of lateral legs and feet from hip to toes. The treating physician is requesting authorization for Flurbiprofen 20%/ Lidocaine 5% in cream base 300gm to be applied to painful area (1-2 g) and rub in, 5 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Flurbiprofen 20%, Lidocaine 5% in cream base 300gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain and Mental Treatment Guidelines and the Official Disability Guidelines, prescription for Flurbiprophen 20% and lidocaine 5% in cream base 300 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Lidocaine in patch form (Lidoderm) is indicated for pain with a neuropathic etiology. No other commercially approved topical formulation of lidocaine with a cream, lotion or gel is indicated for neuropathic pain. In this case, the injured worker was a 52-year-old woman with a date of injury March 1, 2003. The injured worker's working diagnosis is chronic low back pain; thoracic lumbosacral neuritis or radiculitis; sacral ileitis; sacroiliac sprain; lumbago; sciatica; chronic pain syndrome; and gastroesophageal reflux disease. Flurbiprophen 20% is not FDA approved. Lidocaine in cream form is not indicated/recommended for neuropathic pain. Any compounded product that contains at least one drug (lidocaine cream) that is not recommended, is not recommended. Consequently, Flurbiprophen 20% lidocaine 5% cream base 300 g is not medically necessary.