

Case Number:	CM14-0195697		
Date Assigned:	12/03/2014	Date of Injury:	11/02/2011
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
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 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 61 year old male with an injury date of 11/02/11. Based on the 08/05/14 progress report, the patient complains of increased neck pain which radiates to the bilateral arms and lower back pain which radiates to the bilateral legs. He rates his pain as a 6/10. The 09/09/14 report indicates that the patient has pain with internal rotation and lifting along with weakness in his shoulder. The 10/22/14 report states that the patient continues to have chronic neck and back pain which also has intermittent cramping and occasional sharp pain radiating down arms and legs. His pain ranges from a 5/10 to a 9/10 daily. Lumbar flexion is limited to 30 degrees and elicits pain traveling down posteriolateral thighs and across low back; extension is limited to return to neutral and elicits pain across the lumbosacral spine. Lumbar rotation is limited to 20 degrees by sharp pain elicited over the lumbar spine. Straight leg raise is positive bilateral at 30 degrees and there is tenderness/spasm over the lumbar spine. There is dysesthesia over the lateral right leg from mid-thigh to right heel and over the lateral left calf. The patient has an antalgic gait. The patient's diagnoses include the following: Gastroesophageal reflux disease Drug-induced constipation Lumbago Degeneration of lumbar or lumbosacral intervertebral disc Cervicalgia Thoracic back pain Lumbar radiculopathy Cervical radiculopathy Degeneration of cervical intervertebral disc Chronic pain syndrome Dysesthesia Myofascial pain Pain in joint involving other specified sites The utilization review determination being challenged is dated 10/30/14. Treatment reports were provided from 02/26/14- 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/ Lidocaine 5%/ (1-2 grams 5 times daily): 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 creams Page(s): 111.

Decision rationale: According to the 10/22/14 report, the patient presents with chronic neck pain which radiates to his arms and back pain which radiates to his legs. The request is for Flurbiprofen 20%/ Lidocaine 5%/ (1-2 grams 5 times daily). On 04/09/13, the patient had a left shoulder arthroscopic post cap release, labral debridement, ASD with excision CA ligament and on 05/27/14, the patient had a left shoulder "arthro cap release, redo asd-ca, +40k ESS." MTUS has the following regarding topical creams (p111, 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." The patient's diagnoses dated 10/22/14 include lumbago, degeneration of lumbar or lumbosacral intervertebral disc, cervicalgia, thoracic back pain, lumbar radiculopathy, cervical radiculopathy, degeneration of cervical intervertebral disc, chronic pain syndrome, dysesthesia, myofascial pain, and pain in joint involving other specified sites. There is no discussion provided regarding the request for Flurbiprofen 20%/Lidocaine 5%. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form. The requested Flurbiprofen 20%/Lidocaine 5% is not medically necessary.