

Case Number:	CM14-0198594		
Date Assigned:	12/08/2014	Date of Injury:	06/10/2011
Decision Date:	01/28/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 is a 53 year old female who suffered a work related injury on 06/10/2011 when she tripped while walking down a flight of stair. She landed on her left foot with great force, popping her left hip, and turning her left knee. She was seen at a clinic and underwent x-rays and received pain medication. She experienced numbness and tingling in her legs. Medication helped with her pain. Her diagnoses include lumbar spondylosis arthropathy, spondylolisthesis of L3 on L4, possible L5 left sided radiculopathy, insomnia, sexual dysfunction secondary to pain, new injury superimposed on osteoarthritis of the left hip. Her current complaints include left hip and low back pain. The hip pain is constant, moderate to severe. The low back pain is constant, moderate to severe pain, across both hips at the iliac crest and down the left leg. She has sciatica off and on. She has numbness and pain in the left outer calf below the knee toward the ankle. The pain is rated at 7/10 and is alleviated with bed rest, mediations, yoga, or water exercises. She complains of tingling below the left knee on the outside of the left calf to the ankle, which is aggravated with prolonged sitting, or too much activity of any kind, particularly walking, standing, heavy lifting, ending, and twisting. On the most recent clinic evaluation dated 10/14/2014, [REDACTED] noted that the patient preferred topical medications to oral medications because of liver enzymes. The patient was noted to be utilizing Oxymorphone and Naprelan. The Naprelan was noted to be previously non certified. The patient was noted to be doing recreational activities that included swimming, walking, bicycling, treadmill and gardening. The treatment plan includes topical flurbiprofen 20% with lidocaine, and physical therapy. The flurbiprofen with lidocaine was denied by the Claims Administrator on 10/23/14 and was subsequently appealed for independent Medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Flurbiprofen/lidocaine cream: Upheld

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

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

Decision rationale: The CA MTUS and the Official Disability (ODG) recommend that topical analgesic products can be utilized as a second line option in the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications are contraindicated or have failed. The records indicate findings of low back pain with radiculopathy not localized neuropathy. It is recommended that topical product be utilized and evaluated individually for efficacy. The records did not indicate that the patient failed first line medications. The utilization of multiple non-steroidal anti-inflammatory drugs (NSAIDs) in oral and topical formulations is associated with increased risk of NSAIDs associated adverse effects. The records show that the patient is utilizing oral Naprelan. The criteria for the use of topical Flurbiprofen with Lidocaine cream were not met; therefore, this request is not medically necessary.