

Case Number:	CM14-0072294		
Date Assigned:	07/16/2014	Date of Injury:	08/29/2013
Decision Date:	04/24/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29 year old male injured worker suffered an industrial injury on 8/29/2013. The diagnoses were low back pain, left elbow tendonitis and sprain, left elbow epicondylitis and left hand/wrist sprain and tendonitis. The diagnostic studies were trigger points impedance imaging, lumbar spine, left elbow, left hand, and left wrist magnetic resonance imaging. The treatments were acupuncture, physical therapy, medications, and extracorporeal shockwave therapy to the lumbar spine. The treating provider reported lumbar spine pain with spasms. The left wrist and left elbow show pain and tenderness. The requested treatment was Compound: Flurbiprofen 25%, Lidocaine 10% 240 gm x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen 25%, Lidocaine 10% 240 gm x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain affecting the lower back, left elbow, and left wrist. The current request is for Compound: Flurbiprofen 25%, Lidocaine 10% 240gm x 2 refills. The treating physician states, "Compound cream: Apply to affect area 2-3 times a day for severe pain." (72B) No further rational was provided for this cream. The MTUS guidelines state that Lidocaine is only recommended in patch form and not allowed in creams, gels, or lotions. The MTUS guidelines go onto state, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the treating physician has requested a cream that has ingredients that are not supported by MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.