

Case Number:	CM15-0004972		
Date Assigned:	01/16/2015	Date of Injury:	06/09/2012
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/09/2015

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 patient is a 33 year old male with date of injury 06/09/2012. The treating physician report dated 12/05/14 (57) indicates that the patient presents with constant aching lower back pain with intermittent shooting, cramping pain radiating into the legs bilaterally. The physical examination findings reveal chronic lower back pain due to degenerative disc disease and radicular symptoms into bilateral buttocks and legs. Prior treatment history includes exercise based physical therapy and home exercises, all of which have provided minimal or temporary pain relief. No MRI findings are documented. Current medications are: Ibuprofen 600mg, Pantaprozale 20 mg, CeleBREX 200mg, Naproxen Sodium sodium 550mg, Omeprazole 20mg. The current work status is light duty part-time, 30 hours/week. The current diagnoses are: 1. Lumbago. 2. Thoracic or lumbosacral neuritis or radiculitis, unspecified. 3. Sciatica. 4. Spasm of muscle 5. Gastroesophageal reflux disease. 6. Chronic pain. 7. Neck pain. 8. Denegation of lumbar Intervertebral disc. 9. lumbar sprain. 10. Lumbosacral spondylosis without myelopathy. 11. Other symptoms referable to back. The utilization review report dated 12/17/14 denied the request for Flurbiprofen/Lidocaine topical compound 300gm based on no FDA approval for topical flurbiprofen per Daily Med and no compelling reasons were provided to override cited guidelines that are not supportive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen/Lidocaine topical compound 300gm: 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): 111-113.

Decision rationale: The patient presents with constant aching pain with intermittent shooting cramping pain radiating bilateral legs. The current request is for Flubiprofen/Lidocaine topical compound 300gm. The treating physician states, "[the patient] states that the medications are effective in decreasing the pain." (45). The MTUS guidelines state: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. In this case, the treating physician has prescribed a topical compound that contains Lidocaine. MTUS only supports lidocaine in a dermal patch formulation. The current request is not medically necessary and the recommendation is for denial.