

Case Number:	CM15-0008478		
Date Assigned:	01/23/2015	Date of Injury:	05/23/2011
Decision Date:	03/11/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/14/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 50 year old male who sustained a work related injury May 23, 2011. Past medical history included seizures and head surgery at 6 or 7 years old, erosive gastritis, GERD (gastroesophageal reflux disease), hypertensive retinopathy; hyperlipidemia, and sleep disorder; rule out obstructive sleep apnea. Past surgical history included right carpal tunnel and right trigger finger release and right wrist triangular fibrocartilage repair, November 16, 2012. According to a primary physician's orthopedic follow-up examination, dated July 14, 2014, the injured worker presented with ongoing neck pain 2/10 and right wrist pain 6/10. He reports a flare-up of the low back and right shoulder pain that seems to be improving with massage therapy. Assessment included cervical disc syndrome; right shoulder impingement syndrome, right shoulder rotator cuff syndrome; right elbow lateral epicondylitis, insomnia and depression. Treatment included a functional capacity evaluation; medication for ongoing gastrointestinal upset; continue home base exercise program. Work status is documented as full active duty. No further recent physician's progress notes are present in the medical record. According to utilization review dated December 24, 2014, the request for Flurbiprofen 20%, Cyclobenzaprine 4% Lidocaine 5% 180gm is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Cyclobenzaprine 4%,Lidocaine 5% 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drugs such as gabapentin or Lyrica). 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. Topical use of muscle relaxants such as cyclobenzaprine is not recommended by the guidelines. The referenced guidelines state that any compound containing one non-recommended ingredient is not recommended in its entirety. In this instance, the requested cream contains a muscle relaxant which is not recommended. The form of lidocaine contained in the requested compound is not in the recommended form (patch). There is no documentation of previous use of anti-epilepsy medication. The intended site of the cream's application is unclear which may preclude the use of the topical flurbiprofen. Therefore, Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% 180 grm is not medically necessary.