

Case Number:	CM15-0101183		
Date Assigned:	06/03/2015	Date of Injury:	06/26/2003
Decision Date:	07/08/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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 injured worker was a 66 year old female, who sustained an industrial injury, June 26, 2003. The injured worker suffered several falls at work. The injured worker previously received the following treatments lumbar spine MRI, right total knee replacement, cane, physical therapy, chiropractic services, acupuncture, services, cervical spine x-rays, lumbard test, Gabapentin, Cyclobenzaprine, Tramadol, Naproxen, Lamotrigine, Levothyroxine, Lithium, thoracic spine MRI, lumbar spine MRI, left and right hip replacement. The injured worker was diagnosed with lumbar spine degenerative disc disease, thoracic and lumbar spine scoliosis and lumbar spine stenosis, status post right knee replacement, knee sprain, late effects of lumbar sprain, lumbar radiculopathy, multilevel lateral listhesis at L4-L5 and L5-S1 anterolisthesis, stenosis at multilevel right worse than the left at L4-L5 and L5-S1, medial meniscus derangement of the knee and cartilage disorder. According to progress note of March 6, 2015, the injured workers chief complaint was right worse than the left buttocks pain. The pain was occasional in the right anterior thigh down the lateral anterior shin. The symptoms were worse after a recent fall at work. The injured worker's balance was compromised by the spinal deformity and pain. The physical exam noted back pain with decreased range of motion. The injured worker was having trouble walking, unsteadiness, weakness and weakness in extremities. The treatment plan included a prescription for Flurbiprofen 25% Lidocaine 5% Menthol 5% Camphor 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% (DOS: 04/14/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

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

Decision rationale: The patient has complaints of chronic low back pain, which travels into the right buttock, anterior thigh and anterolateral tibia. The current request is for retrospective Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% (DOS: 4/14/15). The MTUS guidelines do recommend topical analgesics as an option as indicated below. MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." With regard to Lidocaine per MTUS, 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 diagnosis is specific to the low back. Topical NSAIDs are not indicated for the spine, hip or shoulder. Also, Lidocaine is only approved in a patch form. As such, the current request is not medically necessary.