MAXIMUS Federal Services

Case Number:	CM15-0103947		
Date Assigned:	06/08/2015	Date of Injury:	10/13/2012
Decision Date:	07/13/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 36 year old, male who sustained a work related injury on 10/13/12. The diagnoses have included lumbosacral neuritis/radiculitis, lumbar disc degeneration, lumbago and sciatica. Treatments have included medications, home exercises, acupuncture, physical therapy and chiropractic treatments. In the clinic note dated 4/15/15, the injured worker complained of increasing lower back pain. He rated the pain level a 7-8/10 on a 0 to 10 scale. He complained of sharp pain that radiates into right leg. He stated that the pain is intermittent. He had decreased range of motion in lower back. There was tenderness to palpation of lumbar facets. He had a positive right straight leg raise at 30%. The treatment plan includes starting him on a topical compounded pain cream. The medications listed are Diclofenac, Protonix and topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Lidocaine 5%: 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 9792.24.2 Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of neuropathic pain when orally administered first line medications have failed. The utilization of topical NSAIDs can be associated with development of tolerance and decrease efficacy of the medications. The use of multiple NSAIDs can lead to increase incidence of NSAIDs adverse effects. The records indicate that the patient is also utilizing oral NSAIDs concurrently. The guidelines recommend that topical product be utilized and evaluated individually for efficacy. The criteria for the utilization of Flurbiprofen 20% / lidocaine 5% was not met. Therefore, the request for Flurbiprofen 20% Lidocaine 5% is not medically necessary.