MAXIMUS Federal Services

Case Number:	CM15-0109212		
Date Assigned:	06/15/2015	Date of Injury:	08/13/2014
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 65 year old male with an industrial injury dated 08/13/2014. The injured worker's diagnoses include industrial related continuous trauma injury, cervical spine with disc bulging and stenosis, lumbosacral strain with disc bulging, right ear hearing loss, bilateral shoulder bursitis and bicipital tenosynovitis. Treatment consisted of diagnostic studies, prescribed medications, cortisone injections and periodic follow up visits. In a progress note dated 04/16/2015, the injured worker reported pain in his neck, lower back and right shoulder. Objective findings revealed tenderness to palpitation over cervical spine and lumbosacral spine and mild tenderness in trapezial muscle. The treating physician prescribed Ibuprofen 600mg #90 and Flurbiprofen 20% cream & lidocaine 5% cream now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ibuprofen 600 mg #90 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical strain with this bulging and stenosis; lumbosacral strain with disc bulging; hearing loss right ear; and bilateral shoulder bursitis and bicipital tenosynovitis. Subjectively, the injured worker has low back pain according to an October 23, 2014 progress note. There are no medications listed in this note. Additional progress notes dated November 20, 2014; December 4, 2014; March 5, 2015 and the most recent progress note dated April 16, 2015 do not contain a list of current medications. Subjectively the injured worker has low back pain, neck pain and right shoulder pain that is improving. There is no mention of ibuprofen in the medical record. There is no mention of Flurbiprofen 20% and Lidocaine 5% cream in the medical record. Consequently, absent clinical documentation with a clinical indication, rationale and objective functional improvement with ibuprofen 600 mg, Ibuprofen 600 mg #90 is not medically necessary.

Flurbiprofen 20% cream & lidocaine 5% cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20% cream and lidocaine 5% cream is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are cervical strain with this bulging and stenosis; lumbosacral strain with disc bulging; hearing loss right ear; and bilateral shoulder bursitis and bicipital tenosynovitis. Subjectively, the injured worker has low back pain according to an October 23, 2014 progress note. There are no medications listed in this note. Additional progress notes dated November 20, 2014; December 4, 2014; March 5, 2015 and the most recent progress note dated April 16, 2015 do not contain a list of current medications. Subjectively the injured worker has low back pain, neck pain and right shoulder pain that is improving. There is no

mention of ibuprofen in the medical record. There is no mention of Flurbiprofen 20% and Lidocaine 5% cream in the medical record. Flurbiprofen is not FDA approved and recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product contains at least one drug (Flurbiprofen and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, Flurbiprofen 20% and lidocaine 5% cream is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20% cream and lidocaine 5% cream is not medically necessary.