

Case Number:	CM15-0010775		
Date Assigned:	01/28/2015	Date of Injury:	10/09/2009
Decision Date:	04/21/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/20/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 37 year old male, who sustained an industrial injury on 10/9/09. He has reported low back pain. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis of lumbar region without neurogenic claudication and lumbago. Treatment to date has included constant physical therapy and medications. Currently, the injured worker complains of lower back pain that increases to sharp pain and radiates to bilateral buttocks. The pain is noted to be unchanged with treatments. On 1/8/15 Utilization Review non-certified Lidocaine 5%/Flurbiprofen 20% up to 4 times a day 300 gm, noting efficacy of the treatment has been experimental and inconsistent. The MTUS, ACOEM Guidelines, was cited. On 1/19/15, the injured worker submitted an application for IMR for review of Lidocaine 5%/Flurbiprofen 20% up to 4 times a day 300 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5%-Flurbiprofen 20% 300 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 9792.20 - 9792.26 Page(s): 111-112 and 56-57.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2009. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Topical lidocaine may be 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 AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. There is no documentation of goals for efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Lidocaine 5% Flurbiprofen 20% in this injured worker, the records do not provide clinical evidence to support medical necessity.