

Case Number:	CM15-0018477		
Date Assigned:	02/12/2015	Date of Injury:	06/11/2014
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	01/30/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 53-year-old female who reported an injury on 06/11/2014. The mechanism of injury was lifting. The injured worker underwent an MRI of the cervical spine. The injured worker's chief complaint was cervical spine, lumbar spine, and right shoulder pain. The injured worker was noted to have utilized chiropractic treatment. The injured worker was noted to have ibuprofen 2 tablets 3 times a day for pain. The documentation indicated the injured worker's pain level went from 8/10 to 4/10 after taking medications. The objective findings revealed the injured worker had a positive Hawkins sign. The injured worker had diffuse paraspinal tenderness and spasm. Strength was 5/5. The diagnoses included low back pain rule out lumbar bulging disc and rule out left shoulder impingement versus rotator cuff tear. The treatment plan included a continuation of chiropractic treatment and utilization of ibuprofen. Additionally, there was noted to be a pending authorization for Keratek gel. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine cream 180 gm: 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; Flurbiprofen; Lidocaine Page(s): 111; 72; 112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. The guidelines indicate that topical lidocaine (Lidoderm) 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for both a topical and oral form of NSAIDs. The request as submitted failed to indicate the frequency and the body part to be treated with the medication. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for flurbiprofen/lidocaine cream 180 gm is not medically necessary.