

Case Number:	CM15-0136730		
Date Assigned:	07/24/2015	Date of Injury:	01/26/2012
Decision Date:	09/17/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 49 year old male who sustained an industrial injury on 01/26/2012. According to the most recent progress report submitted for review and dated 05/29/2015, the injured worker reported that his neck pain had gotten increasingly worse. Pain level was rated 8 on a scale of 1-10 with some radiation to the upper extremities. Low back pain was manageable at 5-6 on a scale of 1-10. He took Ibuprofen as needed. He also used transdermal creams. He was not attending any form of therapy. He was presently working. Diagnoses included C5-6 herniation with bilateral radiculopathy, status post L4-5, L5-S1 lumbar fusion on 07/27/2013 and cervicalgia. Authorization for an MRI scan of the cervical spine and electromyography/nerve conduction velocity study of the bilateral upper extremities was still pending authorization. The treatment plan included Flurbiprofen 25%/Lidocaine 5% in Lipoderm base 120 mg, apply a thin layer to affected area twice a day as directed for immediate symptomatic relief. Currently under review is the request for Flurbiprofen 25%, Lidocaine 5% in Lipoderm base #120 mg tube. He was considered temporarily partially disabled from 05/29/2015-07/13/2015 with restrictions. He was to return for re-evaluation in six to eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, lidocaine 5% in lipoderm base #120mg tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: This 49 year old male has complained of neck pain and low back pain since date of injury 1/26/12. He has been treated with surgery, physical therapy and medications. The current request is for Flurbiprofen 25%, lidocaine 5% in lipoderm base #120mg tube. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above Flurbiprofen 25%, lidocaine 5% in lipoderm base #120mg tube is not indicated as medically necessary.