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| Case Number: | CM15-0136959 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 10/21/2012 |
| Decision Date: | 08/27/2015 | UR Denial Date: | 06/11/2015 |
| 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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 29 year old male patient, who sustained an industrial injury on 10/21/12. He has reported initial complaints of a back, right ankle and right knee injury after tripping over a ladder. The diagnoses have included lumbar spine disc protrusion, lumbar stenosis, lumbar radiculopathy, chondromalacia patella right knee, status post right ankle surgery, stress and anxiety. Per the doctor's note dated 3/31/15, he had complains of constant low back pain that radiates to the lower extremities with numbness and tingling rated as 8/20 on pain scale, bilateral knee pain rated 5-7/10 on pain scale with associated weakness, giving way and constant right ankle pain rated 8/10. The physical examination revealed decreased lumbar range of motion, tenderness and hypertonicity over the paravertebral muscles bilaterally, tenderness over the lumbar spine to palpation and she ambulates with antalgic gait, positive patellofemoral grinding in the left knee and tenderness over the knees bilaterally, swelling in the right ankle. The current medications list includes Cyclobenzaprine, compounded topical medications, Genicin and Somnicin. The urine drug screen dated 2/16/15 and 1/17/14 was consistent with the medications prescribed. Work status was temporarily totally disabled until 5/4/15. He has had activity modifications, physical therapy and home exercise program (HEP). The physician requested treatment included Flurbi (NAP) cream LA: Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%, 180gm apply topical to affected areas for pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi (NAP) cream, LA : Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%, 180gm:
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 Topical Analgesics, pages 111-113 Flurbiprofen is a NSAID.

Decision rationale: Flurbi (NAP) cream, LA: Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%, 180gm. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, anti-depressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and amitriptyline are not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Flurbi (NAP) cream, LA: Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%, 180gm is not fully established for this patient.