

Case Number:	CM15-0149036		
Date Assigned:	08/12/2015	Date of Injury:	07/30/2012
Decision Date:	09/15/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/31/2015

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

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:

The injured worker is a 52 year old male, who sustained an industrial injury on 07-30-2012. He has reported injury to the low back and left ankle. The diagnoses have included lumbosacral sprain-strain with disc-bulging at L4-L5, L5-S1; degenerative disc displacement, lumbar; left-sided sacroiliitis; deltoid (ligament), ankle sprain; left ankle ligamentous repair, on 11-11-2012; and postoperative left-sided foot numbness as well as weakness with questionable sciatic injury. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Neurontin and topical compounded creams. A progress note from the treating physician, dated 06-18-2015, documented a follow-up visit with the injured worker. The injured worker reported marked worsening of his back pain; and he is currently in a pain crisis. It is also noted that the injured worker has been using transdermal creams with moderate improvement of symptoms. Objective findings have included he is focally tender on the left side at the sacroiliac joint as well as superior iliac crest; he has exquisitely tender Faber and Gaenslen test; and he has pain with pelvic compression. A trigger point injection was administered. The treatment plan has included the request for Flurbiprofen 20% Lidocaine 5% 150gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Lidocaine 5% 150gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request for Flurbiprofen 20% Lidocaine 5% 150gm is not medically necessary and appropriate.