

Case Number:	CM15-0160550		
Date Assigned:	08/26/2015	Date of Injury:	02/20/2014
Decision Date:	09/29/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This 46 year old man sustained an industrial injury on 2-20-2014. The mechanism of injury is not detailed. Diagnoses include left shoulder superior labrum tear, bilateral knee meniscal tears, lumbar disc herniation with facet hypertrophy, hearing loss, and significant lumbar neural foraminal stenosis. Treatment has included oral medications and rest. Physician notes on a PR-2 dated 7-20-2015 show complaints of unchanged lumbar spine pain rated 9 out of 10, bilateral shoulder pain rated 9 out of 10 on the left and 7-8 out of 10 on the right, and bilateral knee pain rated 9 out of 10 on the left and 8 out of 10 on the right. The worker states his pain is rated 9 out of 10 without medications and 6-7 out of 10 with medications. Recommendations include physical therapy, internal medicine consultation, lumbar and lumbosacral facet joint injections, and topical analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Lidocaine cream 5% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for Flurbiprofen 20%/Lidocaine cream 5% 180gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). 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". Topical lidocaine is "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)". Additionally, it is supported only as a dermal patch. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Flurbiprofen 20%/Lidocaine cream 5% 180gm is not medically necessary.