

Case Number:	CM15-0163063		
Date Assigned:	08/31/2015	Date of Injury:	05/04/2011
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/20/2015

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: Physical Medicine & Rehabilitation

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 30 year old male, who sustained an industrial injury on 5-4-11. He has reported initial complaints of neck and back injuries. The diagnoses have included cervical strain and sprain with radiculitis, cervical disc protrusion, thoracic strain and sprain, lumbar strain and sprain with radiculitis, and lumbar disc protrusion. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, surgery, chiropractic and acupuncture. Currently, as per the physician progress note dated 7-16-15, the injured worker complains of pain in the neck and lower back. The neck pain is rated 5 out of 10 on pain scale which has increased from 2 out of 10 on pain scale and the back pain is rated 7 out of 10 on pain scale which has increased from last visit in which it was 5 out of 10. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical and lumbar spine. The current medications included Meloxicam and compounded analgesic creams. The objective findings- physical exam reveals cervical spine tenderness to palpation which is unchanged since last visit with restricted range of motion. The thoracic spine reveals tenderness to palpation and the lumbar spine reveals tenderness to palpation, restricted range of motion and positive straight leg test bilaterally. Work status is temporary total disability from 7-16-15 to 8-27-15. The physician requested treatment included Flurbi (nap) cream-LA (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%) 180gm.

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 5%) 180gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112, 113, 121-122.

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

Decision rationale: The patient presents on 07/16/15 with neck pain rated 5/10, and lower back pain rated 7/10. The patient's date of injury is 05/04/11. The request is for Flurb (Nap) Cream-La (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180gm. The RFA is dated 07/16/15. Physical examination dated 07/16/15 reveals tenderness to palpation of the cervical, thoracic, and lumbar paraspinal muscles with no changes noted in the neurocirculatory assessment. The patient is currently prescribed Mobic and topical compounded creams. Patient is currently classified as temporarily totally disabled through 08/27/15. MTUS guidelines, Topical Analgesics Section, under Lidocaine Indication states: "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS Guidelines, Topical Analgesics section, page 111 also state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the Flurbi-Nap cream, the requested cream is not supported by MTUS guidelines. Lidocaine is not supported by MTUS in any topical formulation other than patch form. Flurbiprofen is only recommended for peripheral joint arthritis and tendinitis. MTUS guidelines do not support anti-depressant medications in topical formulations, and specifically state that any topical compound which contains an unsupported ingredient is not indicated. Therefore, this request is not medically necessary.