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| Case Number: | CM15-0207281 | | |
| Date Assigned: | 10/26/2015 | Date of Injury: | 06/18/1997 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 09/22/2015 |
| Priority: | Standard | Application Received: | 10/21/2015 |

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, North Carolina
 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 73-year-old male, who sustained an industrial injury on 6-18-97. The injured worker is diagnosed with lumbar spinal stenosis, lumbar strain, right knee pes anserinus bursitis, patella chondromalacia, internal derangement of the knee, lumbosacral strain and right carpal tunnel. The injured worker has retired. Notes dated 7-20-15 and 9-4-15 reveals the injured worker presented with complaints of moderate and constant low back pain that radiates to his buttocks bilaterally. The pain is described as an ache and is increased with activity, movement, driving, transitioning from a seat to stand and vice-a-versa and prolonged sitting and walking. He reports moderate, burning right hand pain and moderate burning and constant right knee pain. Physical examinations dated 7-20-15 and 9-4-15 revealed moderate and generalized tenderness to the lumbosacral spine. There is moderate and localized tenderness over the radial aspect of his right hand and course crepitus is noted. Treatment to date has included medications; Naproxen, Prilosec, Tramadol, Voltaren XR and Flurbiprofen 25%-Lidocaine 5%; a note dated 9-4-15 states "topical creams are of no benefit and will not be continued", epidural injections provided "several" months of relief and a right knee injection provided a month of pain relief of relief per note dated 9-4-15. Diagnostic studies include urine toxicology screen, electromyogram, MRI and knee and ankle x-rays. A request for authorization dated 9-15-15 for Flurbiprofen 25%-Lidocaine 5% 30 grams dispensed on 9-4-15 and Flurbiprofen 25%-Lidocaine 5% 120 grams are denied and Ultram ER (Tramadol) 150 mg #30 is modified to #15 , per Utilization Review letter dated 9-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream with Flurbiprofen 25 Percent and Lidocaine 5 Percent, 30 Gram Dispensed on 9/4/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety of efficacy. There is little to no research to support the use of many of these agents. This request is for a compounded product containing Flurbiprofen (an NSAID) and Lidocaine. There is no rationale presented for the use of a topical NSAID versus the traditional oral formulation. In addition, Lidocaine is only approved in the form of a Lidoderm patch. Finally, recent not in the medical records (9/2015) indicated that topical analgesics were of no benefit to the patient and would not be continued. Therefore, the request is not medically necessary or appropriate.

Topical Cream with Flurbiprofen 25 Percent and Lidocaine 5 Percent 120 Gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety of efficacy. There is little to no research to support the use of many of these agents. This request is for a compounded product containing Flurbiprofen (an NSAID) and Lidocaine. There is no rationale presented for the use of a topical NSAID versus the traditional oral formulation. In addition, Lidocaine is only approved in the form of a Lidoderm patch. Finally, recent not in the medical records (9/2015) indicated that topical analgesics were of no benefit to the patient and would not be continued. Therefore, the request is not medically necessary or appropriate.

Ultram ER/Tramadol 150 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The request is for Ultram (Tramadol), a centrally-acting synthetic opioid indicated for short-term use in patients with moderate to moderately severe pain. Pain reduction and functional improvement must be documented to recommend for long-term use. Documentation of the 4 A's (analgesia, ADLs, appropriate medication usage and adverse events) must also be present. In this case, there is no documentation of functional improvement with Tramadol and no documentation of pain levels with and without medication. The 4 A's have not been addressed as required by guidelines. Therefore, the request is not medically necessary or appropriate.