

Case Number:	CM15-0022415		
Date Assigned:	02/12/2015	Date of Injury:	11/17/2000
Decision Date:	04/03/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/06/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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:

The injured worker is a 71-year-old male who reported an injury on 11/17/2000. The mechanism of injury was not provided. The injured worker's medications were noted to include lidocaine/Flurbiprofen as of 07/2014. There was a Request for Authorization submitted for review dated 11/03/2014. The documentation of 10/23/2014 revealed the injured worker had continued complaints of low back pain and stiffness and knee pain. The injured worker indicated he had functional improvement and pain relief with the adjunctive medications. The physical examination revealed tenderness in the lower lumbar paravertebral musculature. There was decreased range of motion. There was tenderness in the medial and lateral joint lines of the right knee and pain with deep flexion. There was sub patellar crepitation with range of motion. The diagnoses included grade 2 spondylolisthesis L4-5 with pars defect at L5-S1, right knee patellofemoral arthrosis, and medial and lateral meniscal tears. The treatment plan included a topical medication, tramadol 50 mg 1 tab by mouth a 6 hours as needed for pain, Soma 350 mg 1 tab by mouth twice a day, and 2 refills of the Soma and topical compound including lidocaine and Flurbiprofen. There was a Request for Authorization submitted for review dated 11/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound LF520 (Lidocaine 5 Percent, Flurbiprofen 20 Percent) 120 Grams with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Flurbiprofen; Lidocaine Page(s): 111; 72; 112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. The guidelines indicate that topical lidocaine (Lidoderm) may be 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documented efficacy, including increase function and decreased pain with the medications. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the body part to be treated and the frequency for the requested medication. Given the above, the request for topical compound LF520 (lidocaine 5 percent, flurbiprofen 20 percent) 120 grams with 2 refills is not medically necessary.