

Case Number:	CM15-0024136		
Date Assigned:	02/13/2015	Date of Injury:	09/12/2013
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 12, 2013. In a utilization review report dated January 22, 2015, the claims administrator denied a topical flurbiprofen - lidocaine containing cream. A January 16, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On January 14, 2015, the applicant was placed off work, on total temporary disability. A primary complaint of low back pain was noted, 8/10. The applicant was using Tylenol No. 3 for pain relief. A flurbiprofen - lidocaine containing compound was endorsed while the applicant was kept off work. Ancillary complaints of neck pain were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine Cream (20%/5%) 180mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792..

Decision rationale: No, the flurbiprofen - lidocaine containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is little evidence to support utilization of topical NSAIDs for treatment of spine, hip, and/or shoulder pain, as was/is present here. The applicant's primary pain generators are/were the cervical and lumbar spines, i.e., body parts for which there is little support for usage of topical NSAIDs such as flurbiprofen. It is further noted that the applicant's neck pain and low back pain are quite widespread and do not appear to be areas which are readily amenable to topical application. Since the flurbiprofen component of the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals such as Tylenol No. 3 effectively obviated the need for the flurbiprofen-containing compound at issue. Therefore, the request was not medically necessary.