

Case Number:	CM15-0024984		
Date Assigned:	02/17/2015	Date of Injury:	11/11/2010
Decision Date:	03/26/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/10/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 44 year old male who sustained a work related injury November 11, 2010. According to an office visit, dated January 7, 2015 with pain physician, the injured worker presented with waxing and waning lumbar back pain. He describes the pain as severe with flexion, extension, and rotation and can radiate into the hips and down the legs. He was taken to the operating room and underwent L3-4, L4-5 and L5-S1 lumbar transforaminal injections and tolerated the procedure well. A request for authorization dated January 9, 2015, requests topical cream and Tylenol #3 and documents the diagnoses as multilevel disc bulges; chronic cervicothoracic strain/sprain; left shoulder possible posterior labral tear; right shoulder partial thickness tear of the supraspinatus and infraspinatus tendons; possible partial thickness tear of the long head biceps tendon and left knee sprain/strain. According to utilization review dated January 19, 2015, the request for Flurbiprofen/Lidocaine cream (20%/5%) 180gm is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

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%) 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of goals for efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical flurbiprofen in this injured worker, the records do not provide clinical evidence to support medical necessity.