

Case Number:	CM15-0025301		
Date Assigned:	02/17/2015	Date of Injury:	07/13/2011
Decision Date:	04/16/2015	UR Denial Date:	01/23/2015
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: 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 injured worker is a 49 year old male, who sustained an industrial injury on July 13, 2011. He reported injury to his back. The injured worker was diagnosed as having lumbar disc herniation, improving right-sided radicular pain and lumbar spine sprain/strain. Treatment to date has included diagnostic studies, physical therapy, lumbar spine epidural injections, surgery and medications. On January 12, 2015, the injured worker complained of persistent pain in the lower back ranging from a 5 all the way up to a 10 on a 1-10 pain scale. The pain is constant and slightly worsening, possibly due to weather changes. The pain is made better with rest and medication and it is made worse with activities. The treatment plan included a consultation with a pain management specialist regarding the lumbar spine, medications and Flurbiprofen/Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/ Lidocaine 20%/5% Cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines are very specific in stating that if a topical ingredient is not FDA or Guideline approved for topical use any compound containing this ingredient is not Guideline supported. Guidelines specifically do not recommend topical Flurbiprofen or Topical lidocaine cream. There are not unusual circumstances to justify an exception to Guidelines. The compounded Topical Flurbiprofen/Lidocaine 20%/5% cream 180gms is not supported by Guidelines and is not medically necessary.