

Case Number:	CM15-0025424		
Date Assigned:	02/18/2015	Date of Injury:	12/17/2002
Decision Date:	04/07/2015	UR Denial Date:	01/26/2015
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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 50 year old male, who sustained an industrial injury on December 17, 2002. The diagnoses have included lumbar spine disc protrusions, status post laminectomy with residuals, headaches, right shoulder impingement syndrome, right lateral epicondylitis, status post cubital tunnel release with residuals, right wrist tendonitis-status post radial and ulnar fusion, and anal fissure secondary to constipation to medication use. Treatment to date has included pain and non-steroidal anti-inflammatory medications, physical therapy, chiropractic therapy with ultrasound, MRI, TENS (transcutaneous electrical nerve stimulation) for the right arm. On January 12, 2015, the treating physician noted persistent neck, low back, and bilateral hand pain, which are constant and unchanged. He has intermittent right knee pain, which is unchanged. Rest and medications help his pain. The physical exam revealed decreased range of motion of the lumbar spine with bilateral paraspinal tenderness, right greater than the left. There were bilateral positive Kemp's sign, right iliotibial band and sacroiliac joint tenderness, positive right straight leg raise at 70 degrees to the posterior thigh, and mildly decreased strength at the right lumbar 4, lumbar 5, and sacral 1 and the left lumbar 4. The bilateral lumbar 5, lumbar 5, and S1 sensation was normal, and the deep tendon reflexes were decreased at the patellar and Achilles tendons. The right shoulder had decreased range of motion with acromioclavicular joint tenderness, a positive Hawkins' sign, and mildly decreased strength with flexion and abduction. The right elbow had a well-healed scar over the lateral epicondyle, decreased range of motion, tenderness over the lateral epicondyle, and decreased strength with flexion and extension. The right wrist range of motion was slightly decreased with tenderness over the ulnar aspect, mildly

decreased grip strength, mildly decreased sensation at the median and ulnar aspects, and mild swelling at the lateral aspect of the epicondyle. The left hand had decreased range of motion, diffuse tenderness, and mildly decreased grip strength. The treatment plan included Flurbiprofen/Lidocaine cream. On January 26, 2015, Utilization Review non-certified a prescription for Flurbiprofen/Lidocaine cream 20%/5% 180gm, noting the Flurbiprofen component of the compound cream is not supported due to lack of evidence of neuropathic pain and no evidence of unsuccessful trials of antidepressants or anticonvulsants. There was a lack of specification of the target body part for the topical compound, and there is no topical preparation of Flurbiprofen certified by the (Food and Drug Administration). The Flurbiprofen component of the compound cream is not supported due to there are no other topical formulations of lidocaine besides Lidoderm that are indicated for neuropathic pain. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

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%-180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the documentation doesn't support that the patient has failed first line treatments or that he has an appropriate diagnosis for topical lidocaine cream.