

Case Number:	CM15-0026278		
Date Assigned:	02/18/2015	Date of Injury:	12/10/2013
Decision Date:	03/27/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/11/2015

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 45 year old female with an industrial injury dated 12/10/2013. She presented for follow up on 12/22/2014 with complaints of pain in the lower back rated as 8/10. She states the pain is made better with rest and medication. She takes Motrin which helps her pain from 8/10 to 2/10 but she complains of slight gastrointestinal upset. Examination of the lumbar spine revealed slightly decreased range of motion with tenderness to palpation of the right greater than the left over the paraspinal muscles. Prior treatments include physical therapy and medications. Diagnoses included: Lumbar 5-sacral 1 spondylolisthesis grade 2 A3mm anterolisthesis at sacral 1, sacral 2 A 3 mm disc bulge without central foraminal stenosis at lumbar 5-sacral 1. Left lower extremity radicular pain. On 01/01/2015, utilization review issued a decision to non-certify the request for Compound RX: Flurbiprofen 20%/Lidocaine Cream 5% 180 Gm. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: MTUS Guidelines have very specific recommendations regarding topical analgesics. The Guidelines state that if a compound contains ingredients that are not FDA and/or Guideline recommended the compound is not recommended. Guidelines specifically state that both topical Flurbiprofen and Lidocaine cream are not recommended. There are alternative FDA approved medication in these classes of medications. Under these circumstances, the Compound Flurbiprofen 20%/Lidocaine Cream 5% 180 is not supported by Guidelines and is not medically necessary.