

Case Number:	CM15-0027982		
Date Assigned:	02/20/2015	Date of Injury:	12/17/2013
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/13/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old female, who sustained a work/ industrial injury on 12/17/13 as a housekeeper who fell while walking a dog. She has reported symptoms of back, shoulder, knee, and hip pain. The diagnoses have included bilateral knee tricompartmental osteoarthritis (L>R), lumbar strain to rule out disc herniation, right lower extremity radicular pain, cervical strain, left elbow contusion and closed head injury. Treatments to date included medications, physical therapy, chiropractic care, conservative measures, and activity modification. Medications included Tylenol with Codeine, Tramadol, Omeprazole, Ibuprofen, and topical agents. Examination noted ambulation with a cane, impaired lumbar motion with positive Kemp's, lumbar tenderness, positive SLR and decreased strength of the lower extremities, decreased right shoulder motion, tenderness and positive Neer and Hawkin's, left knee tenderness. The treating physician requested order for a topical analgesic compound. On 1/28/15, Utilization Review non-certified a Compound: Flurbiprofen/Lidocaine 180gm, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines; Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen/Lidocaine 180gm: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the request for Compound: Flurbiprofen/Lidocaine 180gm is not medically necessary.