

Case Number:	CM15-0029712		
Date Assigned:	02/23/2015	Date of Injury:	03/20/2014
Decision Date:	04/08/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/17/2015

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: Physical Medicine & Rehabilitation

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 35 year old female who sustained an industrial related injury on 3/20/14 when a child jumped onto her low back. The injured worker had complaints of left sacroiliac joint and lower back pain that radiated to the left hamstring. Diagnoses included acute lumbar strain, rule out lumbar disc herniation, and left lower extremity radicular pain. Treatment included bilateral sacroiliac joint injections on 11/12/14. Medication included Motrin. The treating physician requested authorization for Flurbiprofen 20%/Lidocaine 5% cream 150g. On 2/5/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the guidelines do not support the use of Flurbiprofen or Lidocaine in a topical formulation. Therefore the request was non-certified.

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%) 150gm: Upheld

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

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

Decision rationale: The 35 year old patient complains of persistent pain in left sacroiliac joint and lower back, rated at 3/10 that occasionally radiates to the left hamstring, as per progress report dated 01/21/15. The request is for FLURBIPROFEN/LIDOCAINE CREAM (20% / 5%) 150 gm. There is no RFA for this case, and the patient's date of injury is 03/20/14. Diagnoses included acute lumbar strain, R/O lumbar disc herniation, and left lower extremity radicular pain, as per progress report dated 01/21/15. The patient is currently taking Motrin for pain relief, as per the same report. The patient is not working, as per progress report dated 01/21/15. For Lidocaine, the MTUS guidelines, pages 111, do not support any other formulation than topical patches. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, a prescription for Diclofenac (another NSAID)/Lidocaine is noted in progress report dated 07/28/14, and the patient has been using the cream consistently since then. The treater states that the cream is for better pain control. In report dated 01/21/15, the treater states that Flurbiprofen/Lidocaine cream is to wean her Motrin as she has complained of slight gastrointestinal upset secondary to Motrin use. However, Lidocaine is not supported by MTUS in any topical formulation other than patch. Flurbiprofen is only recommended for peripheral joint arthritis and tendinitis. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request IS NOT medically necessary.