MAXIMUS Federal Services

Case Number:	CM15-0214301		
Date Assigned:	11/04/2015	Date of Injury:	09/28/2015
Decision Date:	12/18/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	10/30/2015

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 45 year old male with an industrial injury date of 09-28-2015. Medical record review indicates he is being treated for low back pain and lumbar strain and sprain. The injured worker presented on 10-16-2015 reporting pain had improved from 5-6 out of 10 to 3-4 out of 10. Sitting for long periods of time increases low back pain. There was no radiation, numbness or tingling. Work status was to return to modified work on 10-14-2015.Medications included Nabumetone and Robaxin. Objective findings (10-16-2015) included mild to moderate muscle spasm of lumbar spine with tenderness to palpation of paralumbar left greater than right. The treatment request included physical therapy, Nabumetone, Robaxin and topical cream. The treatment request for CMPD; Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%, 240 gm was non-certified by utilization review on 10-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD; Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%, 240gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents on 10/16/15 with improving lower back pain rated 3-4/10. The patient's date of injury is 09/28/15. The request is for CMPD; Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%, 240 GMS. The RFA is dated 10/16/15. Physical examination dated 10/16/15 reveals tenderness to palpation and moderate spasms in the lumbar paraspinal musculature (left greater than right). The patient is currently prescribed Nabumetone, Robaxin, and a topical compounded cream. Patient is currently advised to return to modified work ASAP.MTUS Guidelines, Topical Analgesics section, page 111-113 has the following under Non-steroidal anti-inflammatory agents: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine -whether creams, lotions or gels- are indicated for neuropathic pain. MTUS Guidelines, Topical Analgesics section, page 111 also states that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended."In regard to the topical compounded cream containing Flurbiprofen, Lidocaine, and Amitriptyline, the requested cream is not supported by MTUS guidelines. Flurbiprofen is only recommended for peripheral joint arthritis and tendinitis, this patient presents with lower back pain. MTUS guidelines only support topical Lidocaine in patch form, and specifically state that any topical compound, which contains an unsupported ingredient, is not indicated. Therefore, this request is not medically necessary.