

Case Number:	CM15-0218852		
Date Assigned:	11/10/2015	Date of Injury:	02/18/2005
Decision Date:	12/22/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/06/2015

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: Montana

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 51 year old female who sustained an industrial lifting injury on 2-18-05. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker reported pain in the back, neck and shoulders. A review of the medical records indicates that the injured worker is undergoing treatments for status post cervical fusion C4-C7, history of thoracic outlet syndrome, residual cervical kyphosis and facet mediated pain C2-3, C3-4. Provider documentation dated 8-26-15 noted the work status as "remain off work". Treatment has included cervical spine magnetic resonance imaging, status post anterior cervical discectomy and fusion, radiographic studies, transdermal creams since at least July of 2015, pain psychologist sessions, status post right brachial plexus decompression, epidural nerve root injections, Morphine since at least July of 2015, Percocet since at least July of 2015, cervical facet injections, Cymbalta since at least July of 2015, Tizanidine since at least July of 2015, Topamax since at least July of 2015. Objective findings dated 8-12-15 were notable for "diffusely tender on the right side of the cervical spine...C3-C7" with pain noted on the right shoulder and right bicep. The original utilization review (10-9-15) denied a request for Flurbiprofen/Lidocaine 1 tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine 1 tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation www.fda.gov.

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

Decision rationale: The MTUS, in the ACOEM guidelines, states that, for initial treatment, topical medications are not recommended. The Chronic Pain Medical Treatment Guidelines note that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. This topical analgesic contains flurbiprofen, which is a non-steroidal anti-inflammatory medication (NSAIDs). The MTUS states that topical non-steroidal anti-inflammatory agents have not been shown to be effective in long-term studies. Topical non-steroidal anti-inflammatory agents have shown inconsistent efficacy in clinical trials 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. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical treatment can result in blood concentrations and systemic effects comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000) The only FDA-approved agent, Voltaren Gel 1% (diclofenac), is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. The ODG guidelines also state that Lidoderm patches are not a first-line treatment and are FDA approved only for post herpetic neuralgia. In this case the medical records do not indicate that the injured worker has post herpetic neuralgia. Lidoderm patches are the only commercially approved topical formulations of lidocaine indicated for neuropathic pain. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case the request for Flurbiprofen/Lidocaine, 1 tube is not medically necessary.