MAXIMUS Federal Services

Case Number:	CM15-0030918		
Date Assigned:	02/24/2015	Date of Injury:	11/20/2013
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/19/2015

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:

This 48 year old female sustained an industrial injury on 11/20/13, with blunt head trauma and ongoing pain to multiple body parts. In a PR-2 dated 1/7/15, the injured worker reported improvement in all areas. The injured worker reported feeling much better with no pain in the neck, elbows, wrists, hands or knees. The physician noted that the injured worker was not taking any medications and was currently working unrestricted. Physical exam was remarkable for cervical spine with tenderness to palpation to the paraspinals and trapezius with positive compression test, positive right Spurling's test, mildly decreased range of motion and decreased sensation bilaterally, bilateral elbows with tenderness to palpation at the bilateral medial epicondyle with full range of motion and positive Tinel's test, left knee with decreased range of motion, right knee with positive McMurray's test and both knees with positive valgus and varus stress. Current diagnoses included blunt head trauma, post-concussive syndrome, cervical spondylosis and right C6 denervation. The treatment plan included obtaining the consultation report from a recent neurology visit and requesting authorization for Flurbiprofen/Lidocaine cream (20%/5%) 180 gm.On 1/30/15, Utilization Review noncertified a request for Flurbiprofen /Lidocaine cream (20%/5%) 180 gm citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

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%) 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: This patient presents with slight decreased range in motion of the cervical spine and tenders in the medial epicondyle and bilateral knees. The patient reports "improvement in all areas." The current request is for FLURBIPROFEN/LIDOCAINE CREAM (20%/5%) 180GM. Request for Authorization (RFA) is dated 1/8/15. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. "Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." This patient may meet the criteria to use a topical NSAID, but lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. MTUS states that, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." This topical compound medication IS NOT medically necessary.