

Case Number:	CM15-0032425		
Date Assigned:	02/25/2015	Date of Injury:	06/09/2014
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 59 year old male patient, who sustained an industrial injury on 06/09/2014. A primary treating office visit dated 01/28/2015, reported subjective complaint of bilateral ankle and foot pains. The right ankle and foot pain is rated a 5 out of 10 and the left ankle foot pain is rated an 8 out of 10 in intensity. He does take Naprosyn on an as needed basis which brings pain down to a 4 out of 10. He is found ambulating with an antalgic gait. The patient is not currently working. The following diagnoses are applied; right achilles insertional tendonitis; chronic posterior ankle impingement as well as trigoum syndrome per radiography 03/22/2014; right ankle chronic peroneous brevis tendinosis without evidence of a high grade tear, per radiography 03/22/2014, and left foot status post excision of a solid lesion mass in 05/2014. A request was made for a topical cream containing Flurbiprofen/Lidocaine 20%, 15% #180GM. On 02/06/2015, Utilization Review, non-certified the request, noting the CA MTUS Chronic Pain, Topical Analgesics was cited. On 02/20/2015, the injured worker submitted an application for independent medical review of services requested.

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% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-Steroidal anti-Inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states: There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. FLURBIPROFEN (NOT RECOMMENDED) MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. LIDOCAINE (RECOMMENDED AFTER FAILURE OF 1ST LINE)ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS states regarding lidocaine, Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). MTUS indicates lidocaine Non-neuropathic pain: Not recommended. The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical documents do not document the patient as having post-herpetic neuralgia. As such, the request for Flurbiprofen/Lidocaine Cream 20%/5% 180gms is not medically necessary.