

Case Number:	CM15-0032901		
Date Assigned:	02/26/2015	Date of Injury:	01/20/2010
Decision Date:	04/10/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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 50-year-old male who reported an injury on 01/20/2010. The mechanism of injury was not stated. The current diagnoses include cervical disc herniation, thoracic sprain, and lumbar disc herniation. The injured worker presented on 01/22/2015 for a follow-up evaluation regarding neck, left shoulder and low back pain. The injured worker reported 4/10 pain, slightly improving with physical therapy. Radiating symptoms into the right buttock region was also reported. It was noted that the injured worker was utilizing Norco. Additionally, the injured worker was treated with chiropractic therapy for the cervical spine and left shoulder. Upon examination of the cervical spine, there was decreased range of motion, tenderness to palpation, positive Spurling's maneuver on the left, and 2+ deep tendon reflexes. Examination of the lumbar spine revealed decreased range of motion, paraspinal tenderness, midline tenderness, positive straight leg raise on the right at 70 degrees, and intact sensation. Examination of the left shoulder revealed slightly decreased range of motion, tenderness over the acromioclavicular joint, and slightly decreased strength at 4+/5 with flexion and extension. Treatment recommendations included continuation of Norco and chiropractic therapy. The injured worker was referred to a lumbar spine surgeon and given a prescription for a flurbiprofen/lidocaine cream. A request for authorization was then submitted on 01/29/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for flurbiprofen/lidocaine cream 180gm: Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Lidocaine is not recommended in the form of a cream, lotion or gel. The request as submitted also failed to indicate a strength and frequency. Given the above, the request is not medically appropriate.