

Case Number:	CM15-0033232		
Date Assigned:	02/26/2015	Date of Injury:	04/04/2014
Decision Date:	04/07/2015	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, Indiana, New York
Certification(s)/Specialty: Internal 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 44 year old male, who sustained an industrial injury on 4/4/2014. The diagnoses have included multilevel disc disease, lumbar spine multilevel disc bulge and radicular symptoms down the right lower extremity. Treatment to date has included cervical spine physical therapy and medication. According to the Primary Treating Physician's Progress Report dated 1/21/2015, the injured worker complained of cervical spine pain rated 6/10 and frequent with radiation of pain into the right arm. The injured worker complained of lumbar spine pain rated 4/10 and frequent with radiation of pain into the right leg. He was taking Motrin two tablets a day and reported improvement in his pain level after taking medication. Exam of the cervical spine revealed tenderness over the midline. He had limited range of motion because of pain. There was positive cervical compression test. Exam of the lumbar spine revealed tenderness over the midline with limited range of motion due to pain. Straight leg was positive in both lower extremities in a sitting position. Treatment plan was to start authorized physical therapy for the lumbar spine, request authorization for electromyography (EMG)/nerve conduction velocity (NCV) of both upper and lower extremities, request authorization for spine consultation and request authorization for Flurbiprofen/Lidocaine cream. On 2/5/2015, Utilization Review (UR) non-certified a request for Flurbiprofen/Lidocaine cream 180gm. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine cream 180gm: 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 analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen/lidocaine cream 180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are multileveled this disease at four levels with worse pain at 3 mm C6 - C7 mild spinal cord flattening centrally without stenosis per MRI; lumbar spine multileveled disc protrusion with the largest 3 mm at L4 - L5 and L5 - S1 with bilateral neuroforaminal narrowing per MRI; and radicular symptoms right lower extremity. Lidocaine in non-Lidoderm form is not recommended. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen and Lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, Flurbiprofen/lidocaine cream is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen/lidocaine cream 180 g is not medically necessary.