

Case Number:	CM15-0037213		
Date Assigned:	03/05/2015	Date of Injury:	05/24/2012
Decision Date:	04/16/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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 45-year-old female, who sustained an industrial injury on 5/24/2012. The mechanism of injury was not provided for review. Diagnoses include lumbosacral strain, possible disc herniation, right hip osteoarthritis, bursitis and partial right labral tear. Treatments to date include TENS (transcutaneous electrical nerve stimulation), physical therapy and medication management. A progress note from the treating provider dated 1/21/2015 indicates the injured worker reported persistent lumbosacral and right hip pain. Treatment plan includes Flurbiprofen/Lidocaine cream 20%/5% 180 grams.

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 #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The 2/05/15 Utilization Review letter states the Flurbiprofen/lidocaine cream 20%/5%, 180 gm #1 requested on the 1/29/15 RFA was denied because MTUS does not support topical NSAIDs for hip or spine, and topical Lidocaine is not supported in cream, lotion or gel forms. According to the 1/21/15 orthopedic report, the patient presents with low back and right hip pain. The diagnoses include lumbosacral strain; right hip osteoarthritis; right hip trochanteric bursitis; and partial right hip labral tear. The treatment plan includes topical flurbiprofen/lidocaine cream because the patient cannot take oral NSAID secondary to GI upset. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." MTUS has some support for topical Lidocaine in the Lidoderm patch, but states "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" under the section on topical NSAIDs states: this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The MTUS guidelines do not recommend topical NSAIDs such as Flurbiprofen for use on the hip or spine, and MTUS does not recommend topical lidocaine other than in the Lidoderm patch. The request is not in accordance with MTUS guidelines. The request for "Flurbiprofen/lidocaine cream 20%/5%, 180 gm #1" is not medically necessary.