

Case Number:	CM15-0041849		
Date Assigned:	04/09/2015	Date of Injury:	11/06/2002
Decision Date:	05/06/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 6, 2002. In a Utilization Review report dated February 6, 2015, the claims administrator failed to approve a request for a topical compounded medication. Tramadol, conversely, was apparently approved. In a progress note dated September 6, 2014, the applicant was given a topical compounded medication at issue, along with a prescription for tramadol (Ultram). The applicant's work status was not clearly stated. Multifocal complaints of neck pain and myofascial pain syndrome were reported. Home healthcare assistance to perform housekeeping was proposed. On November 6, 2014, the topical compounded agent in question and Ultram were renewed. Once again, multifocal complaints of myofascial pain syndrome, neck pain, and back pain were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

LF520 (Lidocaine 5%, Flurbiprofen 20%) AP BID-TID 120 grams with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the request for a lidocaine-flurbiprofen compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is "little evidence" to utilize topical NSAIDs for the treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generators were, in fact, the lumbar and cervical spines, i.e., widespread regions which are not easily or readily amenable to topical application. Since the flurbiprofen component in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of oral tramadol effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deemed the largely experimental topical compounded agent in question. Therefore, the request was not medically necessary.