

Case Number:	CM15-0043880		
Date Assigned:	03/13/2015	Date of Injury:	06/12/2014
Decision Date:	04/23/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/09/2015

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 53 year old male who sustained a work related injury June 12, 2014. According to a primary treating physician's progress report, dated February 3, 2015, the injured worker presented for follow-up with persistent pain the lower back, rated 3/10 and pain in the left shoulder, rated 7/10. He has pain in the bilateral wrists and hands, rated 2/10 frequent and slightly improved, as he has not been working and typing for the last several weeks. There is bilateral knee pain, right worse than left, rated 6/10. He feels grinding and instability of the right knee. There is pain in the bilateral feet, rated 3/10 which is frequent and the same. He stated Norco is only relieving the pain from an 8/10 to a 6-7/10 and therefore, the physician advised to stop taking this medication. He has completed 5 of 12 physical therapy sessions for the back which are helping. Diagnoses included lumbar spine degenerative disease; L5-S1 bulging disc and annular tear; 4mm intrasubstance tear moderate acromioclavicular joint arthropathy and small amount of fluid in the subacromial/subdeltoid bursa per MRI January 15, 2015; bilateral knee pain and early degenerative joint disease; bilateral moderate carpal tunnel syndrome and bilateral mild cubital tunnel syndrome per studies January 13, 2015; thinning of the patellar articular cartilage at the apex of the left knee per MRI January 15, 2015; and truncation tear of the anterior horn of the lateral meniscus per MRI dated January 15, 2015. Treatment plan included authorization requests for bilateral wrist braces, continuing physical therapy for the lumbar spine, consultation with specialists for bilateral knees and left shoulder and Flurbiprofen/Lidocaine cream.

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 Medications, NSAIDs, Topical NSAIDs, Topical Lidocaine.

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

Decision rationale: The patient presents with lumbar spine, left shoulder, bilateral wrist, bilateral hand, bilateral knee and bilateral foot pain. The physician is requesting FLURBIPROFEN/LIDOCAINE CREAM 180 G. The RFA dated 02/12/2015 shows a request for flurbiprofen/lidocaine cream 20%/5% 180 g. The patient's date of injury is from 06/12/2014 and he is currently on modified duty. The MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short term use, between 4-12 weeks. It is indicated for patient with Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. The records do not show a history of the Flurbiprofen/Lidocaine cream use. In this case, Lidocaine is not supported in cream, lotion or gel formulations. The request IS NOT medically necessary.