

Case Number:	CM15-0046802		
Date Assigned:	03/19/2015	Date of Injury:	03/13/1996
Decision Date:	04/24/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/12/2015

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 67 year old female who sustained an industrial injury on 03/13/1996. Mechanism of injury occurred when she went to pat a baby that was in a crib and she felt pain in her low back and neck. Diagnoses include shoulder periostitis, osteoarthritis, fibromyalgia syndrome and rheumatism. Treatment to date has included diagnostic testing, and acupuncture. A physician progress note dated 01/08/2015 documents the injured worker has continued neck, low back pain and pain is constant in nature. The pain keeps her up at night occasionally. She has tenderness in the lower lumbar paravertebral musculature. Lumbar range of motion is limited. On 11/19/2014 it is documented the injured worker has continued total body pain, chronic fatigue and problems sleeping. She has no new joint swelling. Her medications are working but she still has pain in her arms and upper and lower back. Treatment requested is for Flurbiprofen/Menthol/Lidocaine/Menthol/Camphor/PCCA/Lipoderm compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Menthol/Lidocaine/Menthol/Camphor/PCCA/Lipoderm compound cream:
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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with continued and constant neck and low back pain. The request is for FLURIBIPROFEN/MENTHOL/ LIDOCAINE/ MENTHOL/CAMPHOR PCCA/LIPODERM COMPOUND CREAM. The RFA is not provided. Patient's diagnosis included shoulder periostitis, osteoarthritis, fibromyalgia syndrome and rheumatism. The reports do not reflect whether or not the patient is working. MTUS has some support for Lidoderm patches, 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 states: "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion or cream form. Therefore, the request IS NOT medically necessary.