

Case Number:	CM15-0047463		
Date Assigned:	03/19/2015	Date of Injury:	12/11/2013
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47-year-old female who sustained an industrial injury on December 11, 2013. A left shoulder magnetic resonance imaging (MRI) was performed in March 2014 and a cervical magnetic resonance imaging (MRI) in June 2014. The injured worker was diagnosed with cervical degenerative disc disease C4-C5 and C5-C6 with mild to moderate foraminal narrowing, lumbar strain and low back pain, rule out lumbar bulging disc. According to the primary treating physician's progress report on December 12, 2014, the patient continues to experience persistent cervical and lumbar pain, left shoulder pain, bilateral wrists, bilateral upper and lower extremity pain which are unchanged from the previous visit. The injured worker is currently receiving acupuncture and chiropractic therapy. Examination of the cervical and lumbar spine demonstrated decreased paraspinal tenderness and spasms. Gait, reflexes and motor strength were normal. Current medications were not noted. Treatment plan consists of continuation of cervical and lumbar strengthening and exercise, continue chiropractic therapy, and obtain Electromyography (EMG) /Nerve Conduction Velocity (NCV) of the bilateral upper extremity and the current requested authorization for topical analgesics.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 111, 113.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Flurbiprofen is not recommended by MTUS guidelines. Therefore, Topical Cream- Flurbiprofen/Lidocaine Cream (20%/5%) 180gm is not medically necessary.