MAXIMUS Federal Services

Case Number:	CM15-0047537		
Date Assigned:	03/19/2015	Date of Injury:	01/22/2013
Decision Date:	04/24/2015	UR Denial Date:	02/17/2015
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: Arizona, California
Certification(s)/Specialty: Family Practice

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 (IW) is a 38 year old male who sustained an industrial injury on 01/22/2013. He reported cervical spine and right finger pain. The injured worker was diagnosed as having neck pain and cervical spasm; and left elbow medial epicondylitis, failed conservative management. Treatment to date has included therapy and steroid injections for the elbow. A job schedule modification was found to be helpful. Currently, the injured worker complains of pain at the base of the skull radiating into the periscapular region, and pain in the left elbow plus right finger pain. The treatment plan was for referral to pain management for occipital nerve blocks, referral to a spine surgeon for medial epicondylitis, and a request for a new MRI of the elbow for surgical planning. The topical medication Flurbiprofen/Lidocaine cream (20%/5%) 180gm requested for authorization is the subject of this review.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the claimant does not have arthritis. There is no indication of failure of 1st line medications. Length of use was not specified or frequency and location of application. The request for Flurbiprofen/Lidocaine cream (20%/5%) is not medically necessary.