

Case Number:	CM15-0048992		
Date Assigned:	03/20/2015	Date of Injury:	08/21/2012
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/16/2015

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 is a 52 year-old male, who sustained an industrial injury on 8/21/2012. He reported a fall off a ladder onto the back with a head injury, laceration of the hand, neck and low back pain. Diagnoses include blunt head trauma with loss of consciousness and ongoing headaches, post contusion syndrome, cervical sprain/strain, lumbosacral sprain/strain, history of left rib fracture and history of electrocution. Treatments to date include anti-inflammatory, analgesic, physical therapy and chiropractic therapy. Currently, they complained of persistent pain in the neck, right hand, and low back improved with recent chiropractic therapy, rest, hot water and medication. The provider documented objective findings including tenderness over midline paraspinals, positive straight raise test and numbness bilaterally near L5 dermatome. The plan of care included a topical compound cream as ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Lidocaine 5% Cream 180gm: Upheld

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

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 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. Flubiprofen 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 indicated for neuropathic pain due to diabetes or herpetic neuralgia. In this case, the claimant does not have the above diagnoses. There are diminishing effects after 2 weeks. The Flurbiprofen 20%/Lidocaine 5% Cream is not medically necessary.