MAXIMUS Federal Services

Case Number:	CM15-0049169		
Date Assigned:	03/23/2015	Date of Injury:	06/28/2014
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
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: 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, with a reported date of injury of 06/28/2014. The diagnoses include cervical strain, lumbar strain, lumbar disc bulge, right lower extremity radicular pain and numbness, right knee strain with iliotibial band strain. Treatments to date have included an MRI of the lumbar spine, an MRI of the right knee, oral medications, and a transcutaneous electrical nerve stimulation (TENS) unit. The progress report dated 01/19/2015 indicates that the injured worker complained of persistent pain in the neck, rated 5-6 out of 10, low back pain, rated 6 out of 10, and right knee pain, raged 6-8 out of 10. The pain radiated to both lower extremities. The objective findings include tenderness to palpation of the bilateral lumbar paraspinal muscles, full range of motion of the lumbar spine, positive bilateral sitting straight leg raise test, a normal gait pattern, tenderness to palpation of the right knee, crepitation of the right knee, and full right knee range of motion. The treating physician requested Flurbiprofen/Lidocaine cream.

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 180 gm: Upheld

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

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

Decision rationale: The 53 year old patient complains of neck pain, rated at 5-6/10, low back pain radiating to bilateral lower extremities, rated at 6/10, and right knee pain, rated at 6-8/10, as per progress report dated 01/19/15. The request is for FLURBIPROFEN 20%/LIDOCAINE 5% CREAM 180 gm. There is no RFA for this case, and the patient's date of injury is 06/28/14. Diagnoses, as per progress report dated 01/19/15, included cervical strain, lumbar strain, lumbar disc bulge, right lower extremity radicular pain and numbness, and right knee strain with iliotibial band strain. The patient is taking Norco for pain relief. The patient is status post right shoulder surgery in 2004, right elbow surgery in 2004, bilateral carpal tunnel release, and left shoulder surgery in January, 2014. The patient is not working, as per the same progress report. For Lidocaine, the MTUS guidelines, pages 111, do not support any other formulation than topical patches. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, none of the progress reports document the use of Flurbiprofen/Lidocaine cream. It is not clear if this is the first prescription or if the patient has used the topical formulation before. There is no documentation of efficacy. Nonetheless, Lidocaine is not supported by MTUS in any topical formulation other than patch. Flurbiprofen is only recommended for peripheral joint arthritis and tendinitis. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended. This request IS NOT medically necessary.