

Case Number:	CM15-0051926		
Date Assigned:	03/25/2015	Date of Injury:	02/10/1980
Decision Date:	06/03/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/19/2015

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, Pain Management, Occupational 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 61 year old male, who sustained an industrial injury on 2/10/80. The injured worker has complaints of neck, bilateral shoulder, left knee and bilateral feet pain. The diagnoses have included left shoulder glenohumeral osteoarthritis; chronic lumbar strain with a two-level 5 millimeter disc herniation and chronic left knee strain. Treatment to date has included physical therapy and tramadol for pain. The request was for flurbiprofen/lidocaine cream (20%, 5%) 180 gm.

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%) 180 gm: 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.

Decision rationale: MTUS 2009 states that topical analgesics are considered experimental without any evidence of efficacy or safety. The progress note states that this is a transdermal compound and is different than other topical agents. The progress note does not describe the mechanism of the transdermal layer or provide any evidence of its efficacy. There are no clinical trials describing the safety or efficacy of this flurbiprofen/Lidocaine agent. Based upon the recommendation against the use of compounded topical agents by MTUS 2009 and the lack of demonstrated efficacy or safety of this compound, this request for flurbiprofen/Lidocaine cream is not medically necessary.