

Case Number:	CM15-0054970		
Date Assigned:	03/30/2015	Date of Injury:	12/15/2011
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/23/2015

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

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 55 year old male, who sustained an industrial injury on December 15, 2011. The mechanism of injury is unknown. The injured worker was diagnosed as having near full thickness and right shoulder rotator cuff tear, lumbar disc protrusion at L4-L5 and L5-S1, lumbar disc herniation of lower extremity radicular pain, rule out worsening disc herniation involving further nerve levels. Treatment to date has included medications, diagnostic studies, rehabilitative therapy, physical therapy and surgery. On January 19, 2015, the injured worker complained of persistent pain in the lumbar spine with radiation to the left leg. The pain was noted to be constant and worsened. He rated this pain as a 9 on a 1-10 pain scale. He also complained of right shoulder pain that is frequent and worsened. This pain was rated as a 6/10 on the pain scale. His pain is made better with rest and medication and made worse with cold weather and activities. The treatment plan included urine toxicology screen, MRI of the lumbar spine, consultation with spine surgeon and medications.

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 analgesics.

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

Decision rationale: In order for a compounded formulation to be accepted, the CPMTG states that each component must be recommended. Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. As such, topical lidocaine in non-patch form is not recommended, and the compounded flurbiprofen, lidocaine cream does not meet guidelines for medically necessity.

Lidoderm patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

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

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no documentation of localized peripheral neuropathic pain as recommended by guidelines. The patient's lumbar radiculopathy is not a localized peripheral nerve process and is not an FDA approved indication. As such, the currently requested Lidoderm is not medically necessary.