

Case Number:	CM15-0056310		
Date Assigned:	04/01/2015	Date of Injury:	12/11/2012
Decision Date:	05/05/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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 62-year-old male, who sustained an industrial injury on 12/11/2012. The injured worker was diagnosed as having status post right lateral epicondylectomy, right medial tendinopathy of the elbow with cubital tunnel syndrome, left foot arthralgia, rule out meniscal tear, and bilateral feet plantar fasciitis. Treatment to date has included diagnostics, physical therapy and medications. Currently, the injured worker complains of pain in his neck, low back, and bilateral elbows. Pain was improved with therapy, rest, and medications and made worse with activities. His height was 67 inches and his weight was 248 pounds. Current medication use included Motrin as needed. The treatment plan included a request for Flurbiprofen/Lidocaine cream.

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 #1: Upheld

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

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

Decision rationale: The patient presents on 02/09/15 with neck pain rated 5/10 with associated numbness in the bilateral upper extremities, and lower back pain rated 8/10, which radiates into the bilateral lower extremities. The patient also complains of pain in the bilateral elbows rated 8/10, right worse than left. The patient's date of injury is 12/11/12. Patient is status post right lateral epicondylectomy at a date unspecified. The request is for FLURBIPROFEN/LIDOCAINE CREAM 20%/5% 180 GM #1. The RFA is dated 02/17/15. Physical examination dated 02/09/15 reveals tenderness to palpation over the upper trapezius muscles bilaterally and limited cervical spine range of motion. Lumbar spine examination reveals tenderness to palpation over the bilateral lower lumbar paraspinal muscles and a positive straight leg raise test to the left lower extremity. Elbow examination reveals tenderness to palpation over the medial and lateral compartments of the elbow joints bilaterally. Foot examination reveals tenderness to palpation over the plantar aspect of the bilateral feet. The patient is currently prescribed topical Lidocaine/Flurbiprofen cream. Diagnostic imaging was not included. Per 02/09/15 progress report, patient is not working and is advised to remain off work until 03/09/15. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In regards to the request for a compounded cream containing Flurbiprofen and Lidocaine, the cream contains ingredients, which are not supported by guidelines as topical agents in this form. MTUS guidelines only support topical Lidocaine in patch form; the requested compound contains Lidocaine in suspension. While the requesting provider discusses that this compound does produce benefits, MTUS guidelines indicate that any compounded cream, which contains an unsupported ingredient, is not substantiated. Therefore, the request IS NOT medically necessary.