

Case Number:	CM15-0057626		
Date Assigned:	04/02/2015	Date of Injury:	07/26/2013
Decision Date:	05/08/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/26/2015

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, Hawaii
 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 39 year old male, who sustained an industrial injury on July 26, 2013. He reported low back injury while lifting a 30 pound box while working as a cook. The injured worker was diagnosed as having thoraco-lumbar neuritis or radiculitis, lumbosacral degenerative disc disease, and lumbar sprain. Treatment to date has included lumbar MRI, and medication. Currently, the injured worker complains of low back pain radiating down the right leg with paresthesia. The Treating Physician's report dated March 3, 2015, noted the injured worker reporting being able to work with medication. Physical examination was noted to show bilateral tenderness and spasms of the L3-L5 paraspinous muscles with decreased lumbar spine range of motion (ROM). The treatment plan was noted to include requests for physiotherapy, and continuation of Flurbiprofen cream, Lidocaine patch, and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flur/Lido cream 60gm #2, 3 refills: 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): 111-1113.

Decision rationale: The patient presents with low back pain radiating down the right leg with paresthesia. The current request is for Flur/Lido cream 60gm #2, 3 refills. The treating physician states, in a report dated 03/03/15, "The fluriprofen cream and lidocaine patches were helping reduce pain and helped with sleep (due to decreased pain). With the conventional oral nsaid, pt was getting gastritis so pt tries to take as little of the oral nsaid as possible. Pt has tried over the counter topical creams and patches do not seem to work at all; the prescription fluroprofen/lidocaine is stronger and does decrease pain." (43B). The MTUS guidelines state, "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS goes on to say that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The current request is not medically necessary in the MTUS guidelines and the recommendation is for denial.