

Case Number:	CM15-0059752		
Date Assigned:	04/06/2015	Date of Injury:	08/13/2013
Decision Date:	05/07/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, 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 44 year old female who sustained an industrial injury on 8/13/13. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar disc herniation and lumbar strain. Treatments to date have included chiropractic treatments, home exercise program, activity modification, and pain medication. Currently, the injured worker complains of lower back pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Lidocaine cream 5% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical compounded medications.

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

Decision rationale: The injured worker sustained a work related injury on 8/13/13. The medical records provided indicate the diagnosis of lumbar disc herniation and lumbar strain. Treatments have included chiropractic treatments, home exercise program, activity modification, and pain medication. The medical records provided for review do not indicate a medical necessity for Flurbiprofen 20%/Lidocaine cream 5% 180gm. The topical analgesics are largely experimental drugs primarily recommended for the treatment of neuropathic pain that has failed treatment with the first line antidepressants and anti epilepsy drugs. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Flurbiprofen is not recommended as a topical analgesic; the only recommended formulation of Lidocaine is lidoderm patch.