

Case Number:	CM15-0081454		
Date Assigned:	05/04/2015	Date of Injury:	04/17/2014
Decision Date:	06/02/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/28/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old male who sustained an industrial injury on April 17, 2014. He has reported injury to the neck, lower back, left shoulder, and bilateral knees and has been diagnosed with acute cervical strain, rule out disc herniation, acute lumbar strain, rule out disc herniation, left shoulder rotator cuff syndrome, rule out tear, bilateral knee osteoarthritis with industrial aggravation, and S1 nerve root impingement at L5-S1. Treatment has included medications. Currently the injured worker had decreased range of motion of the cervical and lumbar spine. There was also decreased range of motion of the left shoulder and right knee. The treatment request included topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine Cream quantity 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Flurbiprofen is not recommended as a topical analgesic for pain management as per MTUS guidelines. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Therefore, Flurbiprofen/Lidocaine Cream quantity 180gm is not medically necessary.