

Case Number:	CM14-0131383		
Date Assigned:	08/20/2014	Date of Injury:	02/26/2005
Decision Date:	09/29/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old male who has submitted a claim for chronic pain associated with a failed laminectomy syndrome, radiculopathy, and depression associated with an industrial injury date of 02/06/2005. Medical records from 04/02/2013 to 07/16/2014 were reviewed and showed that patient complained of low back pain radiating down both legs. Physical examination revealed tenderness to palpation over the lumbar spine. MRI of the lumbar spine dated 01/29/2013 revealed "tight" central canal stenosis at L3-4 and lumbar facet disease. CT scan of the lumbar spine dated 03/02/2012 revealed mild to moderate central canal stenosis at L3-4 and minimal central stenosis at L3-4, and "no incorporation" of the bone graft inferiorly. X-ray of the lumbar spine dated 03/22/2013 revealed possible L4 and L5 fusion incorporation. Treatment to date has included left-sided laminotomy and medial facetectomy L4-5 (02/23/2006), L4-5 anterior interbody fusion (06/20/2007), bilateral L4-5 decompressive laminotomy, medial facetectomy, and posterior instrumentation with pedicle screws on the right (06/01/2012), bilateral medial branch blocks at L4 (02/06/2012), physical therapy, acupuncture, pain medications, and Flurbiprofen 20% cream with Lidocaine (DOS: 07/16/2014). Utilization review dated 07/16/2014 denied the request for Flurbiprofen 20% cream with Lidocaine because the requested cream contained at least one drug class which is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Flurbiprofen 20% cream with Lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS, Topical Analgesics.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. CA MTUS supports a limited list of NSAID topical which does not include Flurbiprofen. There is little to no research to support the use of Lidocaine for compounded products, and Lidocaine is not recommended for topical use. In this case, the patient was prescribed Flurbiprofen 20% cream with lidocaine (DOS: 07/16/2014); however, the compounded cream contains Flurbiprofen and lidocaine which are both not recommended for topical use. Guidelines clearly state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Flurbiprofen 20% cream with Lidocaine is not medically necessary.