

Case Number:	CM14-0133839		
Date Assigned:	08/25/2014	Date of Injury:	07/04/2013
Decision Date:	09/25/2014	UR Denial Date:	08/01/2014
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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 59-year-old male who has submitted a claim for herniated nucleus pulposus, L5-S1 4mm; and L2 compression fracture 25% associated with an industrial injury date of July 4, 2013. Medical records from 2013-2014 were reviewed. The patient complained of low back pain and stiffness. He has difficulty sitting for a prolonged period of time such as driving. He occasionally walks with a cane and has difficulty sleeping at night secondary to the pain. Physical examination showed tenderness at the lower lumbar paravertebral musculature. Range of motion was limited. Strength and sensation was intact. MRI of the lumbar spine, dated August 6, 2013, revealed evidence of L2 compression fracture, edema in the L2 body, 2-3mm disc bulge at L3-L4, and 4mm right-sided disc protrusion of questionable significance at L5. Treatment to date has included medications, physical therapy, home exercise program, and activity modification. Utilization review, dated August 1, 2014, denied the request for LF520 (Lidocaine 5%, Flurbiprofen 20%) apply bid-tid 120gm with 2 refills PRN because there was no documented failure of first-line therapy of antidepressant and anticonvulsants, and there was no documentation of intolerance of these medications to be taken on an oral basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LF520 (LIDOCAINE 5%, FLURBIPROFEN 20%) AP BID-TID 120 GM WITH 2 REFILLS PRN: 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): 111-113.

Decision rationale: As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Compounded products have limited published studies concerning its efficacy and safety. There is little to no research to support the use of many of these agents. Topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. There is little to no research as for the use of Flurbiprofen in compounded products. In this case, the patient was prescribed LF520 (Lidocaine 5%, Flurbiprofen 20%) as needed, which he can utilize with regards to difficulty sleeping at night secondary to pain. However, the topical compound contains Flurbiprofen and Lidocaine that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Furthermore, there is no discussion in the medical records that the patient has not responded or intolerant to oral medications. Therefore, this request is not medically necessary.