

Case Number:	CM14-0135626		
Date Assigned:	08/29/2014	Date of Injury:	04/24/2003
Decision Date:	09/29/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/22/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 61 year-old male who was reported a work related injury on 04/24/2003. The mechanism of injury was not provided. The diagnoses consist of lumbar discogenic pain. The past treatment has included medication. The surgical history and diagnostic testing were not provided for review. Upon examination on 07/22/2014 the injured worker complained of low back pain and stiffness and occasionally experiences acute exacerbations. It was also noted that the injured worker has pain that keeps him awake at night. Objective findings revealed that there was tenderness in his lower lumbar paravertebral musculature. The injured worker was prescribed Ultram. The treatment plan was for Ultram and LF520 (Lidocaine 5 percent, Flurbiprofen 20 percent) for acute exacerbation of the spine. The request for authorization form was submitted on 07/28/2014.

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%) 120gms QTY: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-114.

Decision rationale: The request for LF520 (Lidocaine 5%, Flurbiprofen 20%) 120gms QTY: 3: is not medically necessary. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety and they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In regard to Flurbiprofen, the guidelines state topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated in this the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, however there are no long-term studies of their effectiveness or safety. Additionally, the guidelines specify that topical NSAIDs have not been evaluated for the treatment of conditions of the spine. Furthermore, topical lidocaine, the formulation of the Lidoderm patch is the only formulation recommended, there are no other commercially approved topical formulations of lidocaine whether creams, lotions or gels indicated for neuropathic pain. Therefore, as this topical medication is only recommended for short-term use, and the injured worker is being treated for lumbar spine pain and exacerbated knee pain, continued use is not supported. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request for LF520 (Lidocaine 5%, Flurbiprofen 20%) 120gms QTY: 3: is not medically necessary.