

Case Number:	CM14-0162416		
Date Assigned:	10/07/2014	Date of Injury:	03/13/1996
Decision Date:	10/31/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/02/2014

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, has a subspecialty in Interventional Spine 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 66 year old female with an injury date of 03/13/96. Based on the 07/11/14 progress report provided by [REDACTED] the patient complains of pain in low back, bilateral hips, shoulders, arms and ankles. Her ankles are swollen. She has morning gel phenomenon for 45 minutes. Objective findings include lumbar tenderness, normal neurologic examination and no rheumatoid arthritis deformities. Treatment includes UT and continues with Tramadol, Flurbiprofen, Zanaflex, Glucosamine, and Omeprazole for rheumatism. Diagnoses 07/11/14:- post-proc states NEC- rheumatism NOS- osteoarthritis multi-[REDACTED] is requesting Flurbiprofen/Menthol/Lidocaine/Camphor compound 180mg. The utilization review determination being challenged is dated 09/08/14. The rationale is: " no documentation of increased functionality with medications..." [REDACTED] is the requesting provider, and he provided treatment reports from 01/02/14 - 09/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Menthol/Lidocaine/Campor compound 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Flurbiprofen/Menthol/Lidocaine/Campor Page(s): 111.

Decision rationale: Patient presents with low back, bilateral hips, shoulders, arms and ankles. The request is for Flurbiprofen/menthol/Lidocaine/camphor compound 180mg. Her diagnosis dated 07/11/14 includes rheumatism NOS and osteoarthritis multi-site. The MTUS has the following regarding topical creams (p111, chronic pain section): " Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Requested topical Lidocaine is not recommended in ointment formulation per MTUS. The request is not medically necessary.