

Case Number:	CM14-0165372		
Date Assigned:	10/09/2014	Date of Injury:	12/09/2003
Decision Date:	11/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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 Internal 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 an injured worker with the diagnoses of lumbar scoliosis, lumbar radiculopathy, lumbar stenosis, and lumbar degenerative disc disease. Date of injury was 12/09/03. The progress report dated 7/30/14 documented subjective complaints of low back pain. Physical examination was documented. Tenderness in the lumbar paravertebral musculature was noted. Forward flexion is to 40 degrees, extension to 5 degrees, lateral bending to 10 degrees. There is noted to be a significant scoliotic curve in the lumbar spine. She is unable to tolerate oral anti-inflammatories due to gastritis. Treatment plan included Norco 10/325 mg. Compounded topical Lidocaine 5% and Flurbiprofen 20% cream was requested. Utilization review determination date was 9/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine/Verstile cream base 120gm (Lidocaine 5%/Flurbiprofen 20%):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113, 67-7.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records document a history gastritis associated with oral anti-inflammatories. According to MTUS, topical NSAID treatment can result in blood concentrations and systemic effect comparable to those from oral forms. Therefore, topical NSAIDs have gastrointestinal risk. Per MTUS, NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Medical records do not present blood pressure measurements or laboratory test results, which are recommended for NSAID use per MTUS. The medical records and MTUS guidelines do not support the use of the requested compounded topical cream containing Lidocaine and Flurbiprofen. Therefore, the request for Flurbiprofen/Lidocaine/Verstile cream base 120gm (Lidocaine 5%/Flurbiprofen 20%), is not medically necessary.