

Case Number:	CM14-0178911		
Date Assigned:	11/03/2014	Date of Injury:	10/02/2007
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/28/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old female who had a work injury dated 10/2/07. The diagnoses include complex regional pain syndrome of her right foot; with migraine headaches; depression; meralgia paresthetica. Under consideration are requests for topical compound: Flurbiprofen, Lidocaine #300 RF: 5. There is a 10/31/14 progress report that states that she has suffered from chronic right foot pain since August 1, 2012. She states that she has constant moderate to severe dull aching and burning tingling pain over her right foot and right lower leg, intermittent sharp shooting, cramping pain, or tingling pain radiating up her right leg from her foot. Exacerbating factors include touching the right foot, pushing objects, or walking. The only alleviating factors are lumbar sympathetic blocks, elevating the foot, non-weight bearing, and oral pain medications. Previously, the patient has tried physical therapy, occupational therapy, and home exercises, all of which have provided temporary pain relief. On exam patient's right foot has 1+ edema as well as slight decrease in temperature as compared to her left foot. There is allodynia of entire dorsal right foot and anterolateral right lower leg, dysesthesia of all toes on right foot. The assessment states that she suffers from chronic right foot pain secondary to complex regional pain syndrome of her right foot. She is suffering from depression related to chronic pain. The plan states that patient will get a refill of Oxycodone, Gabapentin; MSER; Zofran; Senna, DSS ;Flurbiprofen 20percent/Lidocaine 5percent in Cream Base: Apply a thin layer to painful area (1-2 g) and rub in, 5 times dally; #300g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound: Flurbiprofen, Lidocaine #300 RF: 5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Topical compound: Flurbiprofen, Lidocaine #300 RF: 5 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical Lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines state that topical NSAIDs can be used for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Lidocaine therefore the entire product and request for topical compound: Flurbiprofen, Lidocaine #300 RF: 5 are not medically necessary.