

Case Number:	CM14-0212766		
Date Assigned:	12/30/2014	Date of Injury:	06/08/2014
Decision Date:	02/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 records presented for review indicate that this 63-year-old female sustained an injury on June 8, 2014. The mechanism of injury was reported as a motor vehicle accident. The most recent progress note is dated November 19, 2014 and there was complaints of low back pain radiating to the left lower extremity with numbness and tingling in the left leg and foot. There was also a complaint of cervical spine pain radiating to the right trapezius and scapular region along with numbness and tingling in both hands and a complaint of left shoulder pain and swelling of the left ankle and foot. An x-ray of the cervical spine dated June 18, 2014 reveals C-4 - C-5 degenerative disc narrowing and multilevel degenerative changes. An x-ray of the lumbar spine also revealed degenerative disc narrowing at L3 - L4, L4 - L5, and L5 - S1 with facet arthropathy. An x-ray of the left shoulder revealed moderate degenerative joint disease of the AC joint. No documentation of a physical examination was provided. Diagnoses included cervical spine myoligamentous sprain/strain, aggravation of cervical discogenic sprain, rule out disc injury, left shoulder sprain/strain, rule out rotator cuff tear of the left shoulder, aggravation of a lumbar sacral myoligamentous sprain/strain, contusion of the left leg, and a left ankle sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurlido-A Cream 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111-112.

Decision rationale: Flurlido-A cream is a topical compound of flurbiprofen and lidocaine. Per MTUS with regard to Flurbiprofen (page 112), "(Biswas, 2006) these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: 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." Flurbiprofen may be indicated. With regard to lidocaine, MTUS page 112 states "Further research is needed to recommend this treatment for chronic neuropathic pain disorders and other than post-herpetic neuralgia" and "Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)". The injured worker has not been diagnosed with post-herpetic neuralgia. Lidocaine is not indicated. The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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." Regarding the use of multiple medications, MTUS page 60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Because lidocaine is not indicated, the compound is not recommended. This request is not medically necessary.

UltraFlex-G Cream 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111-112.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents to include topical muscle relaxants. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. As such, this request for UltraFlex-G cream is not medically necessary.