

Case Number:	CM14-0213192		
Date Assigned:	12/30/2014	Date of Injury:	08/27/2007
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/18/2014

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old Male who had industrial injury on 8/27/07 related to pain while sawing wood. He had obtained MRI scans, EMG studies, Physical Therapy, Transcutaneous electrical stimulation, epidural injections, surgery, and medications. Examination on 11/14/14 has injured worker complaining of back pain that radiates to the right lower extremity and neck pain radiating to his mid back. Physical exam demonstrated he was tender to palpation in the cervical and in the lumbar spine; it also showed a positive straight leg raise on the right. A diagnosis of low back pain with disc protrusion and neck pain with disc protrusion was made. Treatment plan was to prescribe the use of Tramadol, Norco, Neurontin, and the new medications FlurLido-A, and UltraFlex-G. On 11/24/14 a non certification recommendation was made for a request of the FlurLido-A Cream medicine. The rationale for the denial was due to lack of peer reviewed evidence to support the use of such medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurlido-A cream (Fluribipufen 20%, Lidocaine 5%, Amitriptyline 5%) #240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 75, 78, 111-113. Decision based on Non-MTUS Citation National Institute of Health National Library of Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 111-113.

Decision rationale: Regarding the request for FlurLido-A, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, 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. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Guidelines do not support the use of topical dextromethorphan. Guidelines do not support the use of topical antidepressants. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested FlurLido-A is not medically necessary.