

Case Number:	CM15-0010368		
Date Assigned:	01/27/2015	Date of Injury:	10/29/2012
Decision Date:	03/18/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/19/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 39 year old male, who sustained an industrial injury on 10/29/12. The 12/19/14 treating provider report cited worsening low back pain radiating down the left leg with increasing weakness, numbness, and left foot drop. Physical exam documented positive straight leg raise, motor weakness, sensory loss, and decreased left Achilles reflex consistent with imaging evidence of a left L4/5 disc protrusion impinging on the left L4 nerve roots, and an L5/S1 disc extrusion with impingement on the L5/S1 and S1 nerve roots bilaterally. Conservative treatment to date has included lumbar epidural steroid injections, TENS unit, physical therapy and medications. The treating physician requested left L4/5 microdiscectomy pre-op clearance, post-op physical therapy, and topical Flurbiprofen/Lidocaine cream. On 1/13/15 Utilization Review non-certified Flurbiprofen / Lidocaine Cream (20% / 5%) 180mg. The MTUS Guidelines were cited. On 1/20/15, the injured worker submitted an application for IMR for review of Flurbiprofen / Lidocaine Cream (20% / 5%) 180mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen / Lidocaine Cream (20% / 5%) 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The California MTUS state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines specifically do not recommend lidocaine for use in any topical formation other than as a dermal patch. Guidelines do not recommend topical non-steroid anti-inflammatory drugs (NSAIDs), like Flurbiprofen, for neuropathic pain. Guideline criteria have not been met. This patient presents with findings consistent with neuropathic pain. Given the absence of guideline support for all components of this product, this product is not recommended by guidelines. Therefore, this request for Flurbiprofen/Lidocaine Cream (20%/5%) 180mg is not medically necessary.