

Case Number:	CM15-0112534		
Date Assigned:	06/24/2015	Date of Injury:	10/15/2009
Decision Date:	07/28/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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:

The injured worker is a 56 year old male who sustained a work related injury on 10/15/09. The diagnosis has included lumbar strain. Treatments have included oral medications, previous use of a medicated cream and home exercises. In the PR-2 dated 3/25/15, the injured worker complains of low back pain. He states that his low back pain is "pretty manageable" with the current medications. He rates his pain level an 8/10 with medications. Without medications, the pain is "horrible." Upon examination, he has tightness and stiffness noted at L4-5 and L5-S1, mostly on the left side. Straight leg raise is positive on the left side from sitting position at 45 degrees. The treatment plan includes prescriptions for medications. Progress note of 5/13/15 notes low back pain rated 8/10. Flur/lido cream was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD- Flurbipro/Lidocaine/Ultraderm, quantity: 120, prescribed 05/13/2015: Upheld

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

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

Decision rationale: The requested compounded topical cream contains flurbiprofen, lidocaine, and ultraderm (an emollient). Per MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. In this case, there is no documentation that this patient has failed a trial of oral antiepileptics and antidepressants to support the use of topical analgesics. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a nonsteroidal anti-inflammatory drug (NSAID). Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Topical nonsteroidals are not recommended for neuropathic pain. This injured worker has chronic back pain. The site of application and directions for use were not specified. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Topical lidocaine other than Lidoderm is not recommended per the MTUS. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The form of lidocaine requested is not Lidoderm. As two of the medications in this compounded topical product are not recommended, the compound is not recommended. As such, the request for Flurbiprofen/Lidocaine/Ultraderm is not medically necessary.