

Case Number:	CM15-0118379		
Date Assigned:	06/26/2015	Date of Injury:	06/19/2006
Decision Date:	07/27/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male, who sustained an industrial injury on June 19, 2006, incurring head, upper extremities, neck and back injuries. He was diagnosed with head trauma, bilateral epicondylitis, bilateral cubital syndrome, cervical discogenic disease, lumbar discogenic disease and bilateral carpal tunnel disease. Treatment included anti-inflammatory drugs, pain medications, transcutaneous electrical stimulation unit, elbow splinting, nerve blocks, Radiofrequency Ablation, Electromyography studies, and work restrictions and modifications. Currently, the injured worker complained of constant neck pain radiculopathy into the shoulders, low back pain radiating down left lower extremity, with tingling, and numbness and bilateral shoulder pain. The pain is aggravated with prolonged sitting and standing and activities involving upper extremities. He complained of frequent headaches associated with nausea and limits his work, and social activities. The treatment plan that was requested for authorization included a prescription for Flurlido.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurlido- A (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78, 111-113.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, Lidocaine, and anti-depressant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of these anti-depressant medications for this chronic injury without improved functional outcomes attributable to their use. The Flurlido- A (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%) is not medically necessary and appropriate".