

Case Number:	CM15-0118608		
Date Assigned:	06/26/2015	Date of Injury:	01/04/2012
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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: 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 66 year old male who sustained an industrial injury on 1/4/2012. The mechanism of injury is not indicated. The injured worker was diagnosed as having multilevel lumbar stenosis, chronic cervical strain, right hip osteoarthritis, status post total hip replacement, lower extremity weakness, psych issues, sleep issues, and neurological problems. Treatment to date has included medications. The request is for Flurbiprofen/Lidocaine cream. On 10/20/2014, a PR-2 revealed the injured worker complained of persistent neck and low back pain. The pain is noted to be made better with rest, medication, and showering. He is taking Oxycodone which is noted to help reduce his pain from 5-9/10 down to 4-5/10. He indicated his pain is worsened with activities such as prolonged sitting and walking. Physical examination revealed tenderness in the neck and low back areas. He had an antalgic gait and is utilizing a single point cane for ambulation. He is noted to not have signs of overmedication. The bilateral lower extremities are noted to have pitting edema and swelling, along with a scab due to a recent fall. The treatment plan included: refilling Oxycodone, spine consultation, urine toxicology screening, and Flurbiprofen/Cyclobenzaprine/Menthol cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Lidocaine cream 5%, 180gm: 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: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Flurbiprofen is a nonsteroidal anti-inflammatory agent (NSAID). Topical creams containing NSAIDs per CA MTUS may be recommended for short term for osteoarthritis and tendinitis. Topical NSAIDs are not recommended for osteoarthritis of the spine, hip, or shoulder. 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. Lidocaine is recommended for localized peripheral pain (neuropathic pain) after there has been evidence of a trial of first line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. The CA MTUS guidelines state that Lidoderm is the only approved formulation of Lidocaine, and that no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The records do not reflect a trial and failure of tri-cyclic or SNRI anti-depressants or AEDs such as Gabapentin or Lyrica, and the request is for a form of lidocaine that is not Lidoderm. As the compound contains medications that are not recommended, the compound is not recommended. Therefore, the requested Flurbiprofen 20%/Lidocaine 5% cream, 180 gm is not medically necessary.