

Case Number:	CM15-0173677		
Date Assigned:	09/15/2015	Date of Injury:	08/10/2004
Decision Date:	10/19/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/03/2015

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: Preventive Medicine, Occupational 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 60 year old female who sustained an industrial injury on 08-10-2004. Diagnoses include status post lumbar spine surgery in 09-2005; lumbar spine failed back syndrome, radiculitis, lumbar spine pain-exacerbation, and new onset of the right radiculitis. Physician progress notes dated 02-25-2015 to 07-08-2015 documents the injured worker complains of continued low back pain that she rates as a 7-9 out of 10 on the Visual Analog Scale which is gradually decreasing. She has grade 2 tenderness to palpation over the paraspinal muscle-which is decreased from grade 3 and there is palpable spasm, which has remained the same since her last visit. She has restricted range of motion and straight leg raise is positive on the right. On 04-15-2015 Elavil 10mg #30 was prescribed at hour of sleep as needed. The injured worker has been on Norco and Flurbi NAP cream-LA Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%, 180 grams (apply a thin layer to the affected areas 2-3 times daily) since at least 02-25-2015. Treatment to date has included diagnostic studies, medications, status post back surgery, physical therapy, and epidural steroid injections. She is not working. The RFA dated 07-08-2015 was for Norco 5-325mg every 12 hours as needed, #60, urine toxicology, an orthopedic mattress, and Flurbi NAP cream-LA Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%, 180 grams (apply a thin layer to the affected areas 2-3 times daily). On 08-06-2015 the Utilization Review non-certified the requested treatment orthopedic mattress, and Flurbi NAP cream - LA Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%, 180 grams (apply a thin layer to the affected areas 2-3 times daily).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi NAP cream - LA Flurbiprofen 20% / Lidocaine 5% / Amitriptyline 5%, 180 grams (apply a thin layer to the affected areas 2-3 times daily): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAID's have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. 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. No other commercially approved topical formulations 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. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of amitriptyline or other antidepressants as topical agents for pain, however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for Flurbi NAP cream - LA Flurbiprofen 20% / Lidocaine 5% / Amitriptyline 5%, 180 grams (apply a thin layer to the affected areas 2-3 times daily) is not medically necessary.

Orthopedic mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Mattress Selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Mattress Selection Section.

Decision rationale: The MTUS Guidelines do not address mattresses as a medical treatment. The ODG report that studies do not provide evidence for mattress selection based on firmness as a sole criteria. Mattress selection is subjective and depends on personal preference and

individual factors. Pressure ulcers from spinal cord injury may be treated by special support surfaces, including beds, mattresses and cushions, designed to redistribute pressure. The injured worker has been diagnosed with status post lumbar spine surgery in 09-2005; lumbar spine failed back syndrome, radiculitis, lumbar spine pain-exacerbation, and new onset of the right radiculitis. There is no evidence of spinal cord injury or paralysis. The medical necessity of this request as treatment for the injured worker's industrial injuries has not been established. The request for orthopedic mattress is not medically necessary.