

Case Number:	CM15-0173923		
Date Assigned:	09/15/2015	Date of Injury:	04/15/2003
Decision Date:	10/22/2015	UR Denial Date:	08/09/2015
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, Hawaii

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 62 year old female, who sustained an industrial injury on April 15, 2003. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain-strain with multilevel herniated nucleus pulposus (HNP), bilateral wrist sprain-strain, left carpal tunnel syndrome, bilateral shoulder sprain-strain, thoracic spine sprain-strain, bilateral hip sprain-strain, lumbar spine sprain-strain with L4-L5 herniated nucleus pulposus (HNP), and gastrointestinal (GI) upset. On July 30, 2015, the injured worker reported cervical spine pain rated 6 out of 10, lumbar spine pain rated 3-5 out of 10, bilateral hip pain rated 3-5 out of 10, and bilateral wrist pain rated 3-5 out of 10. The Primary Treating Physician's report dated July 30, 2015, noted the injured worker with no functional changes since the previous examination. The injured worker was noted to increase her walking from ¼ mile to ½ mile. The Physician noted no change in the physical examination since the previous visit. The injured worker was noted to have Flurbiprofen and Lidocaine creams prescribed. The treating physician indicates that a cervical spine MRI was positive for C3-C5 herniated nucleus pulposus (HNP), and a lumbar spine MRI was noted to show Grade 1 anterolisthesis with a L5 3mm herniated nucleus pulposus (HNP). Prior treatments have included physical therapy, chiropractic treatments, and medications including Naproxen, Topamax, and Prilosec. The injured worker was noted to return to modified duty on July 30, 2015. The request for authorization dated August 3, 2015, requested Flurbiprofen 25% cream quantity requested: 2 and Lidocaine 5% cream quantity requested: 2. The Utilization Review (UR) dated August 9, 2015, denied the request for Flurbiprofen 25% cream quantity requested: 2 and Lidocaine 5% cream quantity requested: 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% cream quantity requested: 2: 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): Topical Analgesics.

Decision rationale: The patient presents with lumbar spine, bilateral hips, and bilateral wrist pain. The current request is for Flurbiprofen 25% cream quantity requested 2. The treating physician's report dated 07/30/2015 (126B) states, "L/S pain 3-5/10. She declined PM. Ortho discussed Sx. Patient not ready. Radic BLE to feet with pain. Rec topicals." The MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short-term use, between 4-12 weeks. It is indicated for patient with 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 analgesics are indicated for OA and tendinitis of the knee, elbow and other joints. It is not recommended for spine, hip or shoulder. In this case, the patient does not meet the required criteria based on the MTUS guidelines as the treating physician indicated that the topical cream was to be used for the lumbar spine. The current request is not medically necessary.

Lidocaine 5% cream quantity requested: 2: 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): Topical Analgesics, Lidoderm (lidocaine patch).

Decision rationale: The patient presents with lumbar spine, bilateral hips, and bilateral wrist pain. The current request is for Lidocaine 5% cream quantity requested 2. The treating physician's report dated 07/30/2015 (126B) states, "L/S pain 3-5/10. She declined PM. Ortho discussed Sx. Patient not ready. Radic BLE to feet with pain. Rec topicals." The MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral 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." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. In this case, the MTUS guidelines do not support the use of Lidocaine in creams, lotions or gel formulations. The current request is not medically necessary.

