

Case Number:	CM15-0026472		
Date Assigned:	02/18/2015	Date of Injury:	02/21/2013
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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: 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 60 year old male, who sustained an industrial injury on 2/21/13. He has reported neck, back and bilateral shoulder injuries. The diagnoses have included chronic cervical strain, bilateral upper extremity numbness, left shoulder rotator cuff syndrome, and lumbar disc herniation with right lower extremity radiculopathy. Treatment to date has included medications, diagnostics and conservative measures. Currently, the injured worker complains of persistent pain in the neck, mid back and low back which were rated 4/10 and has remained unchanged. The bilateral shoulder pain was rated 8/10, intermittent and unchanged. The pain in the bilateral hips was rated 4-8/10, intermittent and unchanged. The pain is relieved some with rest and medications and worsens with activities. He takes Norco which decreases the pain from 8/10 to 3/10 which allows him to continue working. Physical exam revealed cervical spine tenderness, limited range of motion due to pain, and positive compression test. The lumbar spine had tenderness, limited range of motion due to pain, and positive straight leg raise test in the right lower extremity. The right shoulder had tenderness over the scapula and limited range of motion because of pain. The right side of the chest had tenderness. The left hip had decreased range of motion, decreased strength and positive Finkelstein's test. There were no previous diagnostics or therapy sessions noted. The injured worker was to continue working unrestricted. The current medications were Norco and Robaxin and the urine drug screen was consistent with prescribed prescriptions. On 2/4/15 Utilization Review non-certified a request for 20%/5%/flurbiprofen/lidocaine cream, noting the request was not reasonable as there was no documentation that there

has been failure of first line treatment. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

20%/5%/flurbiprofen/lidocaine cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: The patient presents with neck, back, and bilateral shoulder injuries. The current request is for 20%/5%/flurbiprofen/lidocaine cream. The treating physician states, in a report dated 01/14/15, "I would request the Flurbiprofen/Lidocaine cream to add an anti-inflammatory as he cannot take oral NSAID or secondary to G.I. upset." The MTUS guidelines state: No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, the treating physician, although documenting that the patient cannot take an oral NSAID due to G.I. upset, has nonetheless prescribed a medication whose use is not supported by MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.