MAXIMUS Federal Services

Case Number:	CM15-0027222		
Date Assigned:	02/19/2015	Date of Injury:	01/24/2014
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/12/2015

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, Pain Management

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 27 year old male, who sustained an industrial injury on January 24, 2014.His diagnoses include acute cervical spine strain, underlying left-sided moderate neuroforaminal narrowing in the cervical spine, electrocution to the left upper extremity, and continued left upper extremity parasthesias and radiculopathy. He has been treated with TENS (transcutaneous electrical nerve stimulation), acupuncture, physical therapy for the cervical spine, home exercise program, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On January 12, 2015, his treating physician reports persistent neck pain, which was constant and unchanged since the prior visit. His left shoulder pain was constant and worsened following a recent sail boarding accident in which he dislocated the left shoulder. He is wearing a splint. His neck and shoulder pain was rated 7/10. In addition, he has left hand pain, which is rated 3/10. His pain and non-steroidal anti-inflammatory medications improve the pain. The physical exam revealed decreased range of motion of the cervical spine with paraspinal muscle tenderness, greater on the left than the right. There was positive hypertonicity on the left, mildly decreased sensation of the left cervical 6, cervical 7, and cervical 8; and normal sensation of the left cervical 5. There was normal strength and sensation of the right cervical 5, cervical 6, cervical 7, and cervical 8. The brachioradialis and triceps deep tendon reflexes were normal. Examination of the left upper extremity was deferred due to it being splinted. The treatment plan includes a topical pain medication. On January 26, 2015, Utilization Review non-certified a prescription for topical compound: Flurbiprofen; Lidocaine; Pentraven plus cream, noting the guidelines do not recommend any compound product that contains at least one drug (or drug

class) that is not recommended, and this compound product contains a non-steroidal anti-inflammatory and local anesthetics that are not recommended. In addition, there was a he lack of documentation of failure of a trial of antidepressants and anticonvulsants. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen, Lidocaine, Pentravan Plus Cream: 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: In order for a topical formulation to be approved, all components must be recommended by the MTUS. Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Therefore, guidelines do not support the use of topical lidocaine preparations which are not in patch form. As such, the currently requested formulation containing topical Lidocaine is not medically necessary.