

Case Number:	CM15-0063744		
Date Assigned:	04/09/2015	Date of Injury:	03/29/2014
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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 56 year old male, who sustained an industrial injury on 3/29/2014. He reported falling forward down some steps. The injured worker was diagnosed as having lumbago and status post lumbar microdiscectomy with right lower extremity radicular symptoms. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, aquatic therapy and medication management. In progress notes dated 1/20/2015 and 2/27/2015, the injured worker complains of persistent low back pain. The treating physician is requesting Flurbiprofen/Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen / Lidocaine Cream 20%/5%, 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents on 01/20/15 with lower back pain rated 5/10. The patient's date of injury is 03/29/14. Patient is status post microdiscectomy at unspecified levels and date. The request is for Flurbiprofen/Lidocaine cream 20%/5%, 180gm. The RFA is dated 01/29/15. Physical examination dated 01/20/15 reveals decreased lumbar range of motion in all planes, tenderness to palpation over the lumbar paraspinal muscles bilaterally, positive straight leg raise on the right at 60 degrees, and positive Kemp's sign bilaterally. Neurological examination reveals decreased sensation over the anterolateral right thigh and anterior knee of an unspecified lower extremity. The patient is currently prescribed Ibuprofen. Diagnostic imaging was not included. Patient is currently working with duty modifications. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." MTUS page 112, regarding topical NSAIDs also has the following: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In regard to the request for a compounded cream containing Flurbiprofen and Lidocaine; the requested cream contains ingredients which are not supported by guidelines as topical agents. MTUS guidelines only support topical Lidocaine in patch form; the requested compound contains Lidocaine in suspension. Topical NSAIDs are only approved for peripheral joint pain, as there is little evidence of efficacy for conditions of the spine, hip, or shoulder. Guidelines also specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request is not medically necessary.