

Case Number:	CM15-0065662		
Date Assigned:	04/13/2015	Date of Injury:	03/31/2011
Decision Date:	05/18/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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: Family Practice

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 59 year old male, who sustained an industrial injury on 3/31/2011. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis unspecified, sciatica, lumbago, lumbar sprain, spasm of muscle and encounter for therapeutic drug monitoring. Treatment to date has included medications, physical therapy and home exercise. Per the Primary Treating Physician's Progress Report dated 3/19/2015, the injured worker reported lower back pain radiating to the bilateral legs. He reports increased lower back pain rated as 8/10 on a visual analog scale. Physical examination revealed limited lumbar flexion to 45 degrees due to moderate low back pain. There was tenderness to palpation of the lumbar facets. Straight leg raise was positive bilaterally at 30 degrees. There was exquisite tenderness of the thoracolumbar fascia. There were persistent paresthesias in the bilateral L5 dermatomes. His gait was mildly antalgic and he ambulates with a cane or crutch. The plan of care included medications and authorization was requested for epidural steroid injection and compound cream Flurbiprofen/Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: 20% Flurbiprofen/5% Lidocaine #300: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. The guidelines state that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. With regards to topical anti-inflammatory medications, the MTUS guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2-week period. The request for Compound cream: 20% Flurbiprofen/5% Lidocaine #300 is not medically necessary and appropriate.