

Case Number:	CM15-0090272		
Date Assigned:	05/14/2015	Date of Injury:	11/18/2002
Decision Date:	06/23/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/11/2015

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
 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:

This 34 year old male sustained an industrial injury on 11/18/02. He subsequently reported low back pain. Diagnoses include annular tear, spinal disc bulge and mid facet arthropathy. Treatments to date include x-ray and MRI testing, physical therapy, TENS therapy and prescription pain medications. The injured worker continues to experience low back pain that radiates to the left lower extremity. On examination, the injured worker walked without difficulty. Straight leg raise test was positive on the left at 60 degrees with pain over the dorsal foot, there was a loss of range of motion of the lumbar spine. Sensation was decreased over the left dorsal foot and lateral leg. A request for Flurbiprofen (20%)/Lidocaine (5%) cream 180gm medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen (20%)/Lidocaine (5%) cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Non-steroidal antiinflammatory agents, Lidocaine, topical.

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

Decision rationale: Based on the 04/02/15 progress report provided by treating physician, the patient presents with lumbar spinal pain with radiation to left lower extremity rated 6-8/10. The request is for FLURBIPROFEN (20%)/LIDOCAINE (5%) CREAM 180GM. Patient's diagnosis per Request for Authorization form dated 04/10/15 includes annular tear with 4-5mm posterior central disc protrusion at L3-L4, annular tear with 3mm posterior central disc protrusion at L2-L3, annular tear with 1-2mm posterior central disc protrusion at L5-S1, mild facet arthropathy at L4-S1, annular tear and 5mm AP x 3mm central cranial causal broad posterior and inferior disc extrusion at L4-L5, per MRI dated 11/25/13. Physical examination to the lumbar spine on 04/02/15 revealed loss of range of motion and decreased sensation over the dorsal foot and lateral leg. Treatments to date include x-ray and MRI testing, physical therapy, TENS therapy and prescription pain medications. The patient is currently working, per 04/02/15 report. Treatment reports were provided from 10/17/13 - 04/02/15. The MTUS has the following regarding topical creams (p 111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration... Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Per 04/02/15 progress report, treater states "the medications prescribed are to control the patient's symptoms and aid in restoring function..." In this case, the NSAID portion of this topical is indicated for osteoarthritis, which the patient does not present with, and is to be used for short duration of 2 weeks. Furthermore, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. The requested compound cream contains Lidocaine, which is not supported for topical use in lotion form according to MTUS. This request does not meet guideline indications. Therefore, the request IS NOT medically necessary.