

Case Number:	CM15-0090763		
Date Assigned:	05/15/2015	Date of Injury:	12/10/2012
Decision Date:	06/16/2015	UR Denial Date:	05/01/2015
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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 45 year old male, who sustained an industrial injury on 12/10/2012. On provider visit dated 04/07/2015 the injured worker has reported neck and right shoulder pain described as dull, achy, and stabbing that radiates to the right shoulder. On examination, the cervical spine there was right and left trapezius tenderness noted; restricted range of motion was noted. Upper extremity was noted as having diminished sensation to touch over the C5-C6 dermatome and a decreased range of motion. The diagnoses have included degeneration of cervical intervertebral disc, cervical disc displacement and cervical radiculitis. Treatment to date has included medication. The provider requested Flurbiprofen/Lidocaine 20/5% 180gm #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine 20/5% 180gm #1: Upheld

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

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

Decision rationale: The patient is a 45 year old male with an injury on 12/10/2012. On 04/07/2015, he had neck pain and right shoulder pain. The patient does not have neuropathic pain. The cervical spine had decreased range of motion. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Lidocaine 5% cream which is not recommended; thus the requested compound topical analgesic medication is not medically necessary. Furthermore, MTUS guidelines note that topical NSAIDS are inconsistent. Also, most studies with topical NSAIDS are small and of short duration.