

Case Number:	CM15-0093830		
Date Assigned:	05/21/2015	Date of Injury:	06/08/2011
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/18/2015

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: Emergency Medicine

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 female who sustained an industrial injury on 06/08/2011. Current diagnoses include pain in joint involving the lower leg, unequal leg length, knee pain left, shoulder pain left, and lower back pain. Previous treatments included medication management, left hip surgeries, psychotherapy, shoe orthotic, and physical therapy. Previous diagnostic studies include urine drug screening and x-rays. Initial injuries included a left hip fracture after slipping and falling. Report dated 03/24/2015 noted that the injured worker presented with complaints that included left hip, low back, left shoulder, and left knee pain. Pain level was 5 out of 10 on a visual analog scale (VAS). Current medication includes Norco. Physical examination was positive for paraspinal tenderness with extension, antalgic gait, muscle atrophy and decreased strength in the left lower extremity, and numbness in the left thigh. The treatment plan included continue Norco, request for topical compound, medication agreement signed and discussed, follow up with orthopedic surgeon, follow up with PCP for non-pain issues, continue home exercise program, and return in 4 weeks. Disputed treatments include flurbiprofen 20%/cyclobenzaprine 4%/lidocaine 5% (FCL) 240gm x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound: Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5% (FCL) 240gm x 2 refills: Upheld

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

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

Decision rationale: The requested Topical compound: Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5% (FCL) 240gm x 2 refills, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has left hip, low back, left shoulder, and left knee pain. Pain level was 5 out of 10 on a visual analog scale (VAS). Current medication includes Norco. Physical examination was positive for paraspinal tenderness with extension, antalgic gait, muscle atrophy and decreased strength in the left lower extremity, and numbness in the left thigh. The treating physician has not documented trials of antidepressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Topical compound: Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5% (FCL) 240gm x 2 refills is not medically necessary.