

Case Number:	CM15-0099984		
Date Assigned:	06/02/2015	Date of Injury:	08/14/2000
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, 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 53 year old female patient who sustained an industrial injury on 08/14/2000. A primary treating office visit dated 11/13/2014 reported the patient with subjective complaint of persistent lower back pain rated a 9 in intensity out of 10. The pain has worsened since she was declared permanent and stationary on 07/10/2014. She reports having fallen the beginning of the month and has experienced increased pain since. She stated that her right leg gave out secondary to weakness and pain from the lower back and she ended up falling. In addition she has complaint of feeling the sensation of pressure in the genital area with a pending gynecologic appointment. She also states she has urine frequency since the fall. She is in need of prescription refills this visit. She was prescribed Ibuprofen and Omeprazole. She is not currently working. Objective findings showed the cervical spine with decreased range of motion, and palpation revealed tenderness and hypertonicity over the suboccipital, cervical paravertebral and levator scapulae muscles bilaterally. In addition there was tenderness over the trapezius muscles bilaterally. She was also with decreased range of motion to the right shoulder and lumbar spine. The following diagnoses are applied: cervical spine strain/sprain; lumbar disc herniation with lower extremity radiculopathy; status post nucleoplasty; right shoulder impingement syndrome; status post right shoulder arthroscopy; fall secondary to weakness of the right leg, and lumbar spine re-aggravation secondary to fall 11/2014. The physician recommending Kera-Tek analgesic gel of which she has had good benefit in the past. Of note, the patient has only one kidney and does not wish to take too many medications. She is permanent and stationary. On 02/16/2015 the doctor was recommending a course of physical therapy. There is no change in the treating diagnoses. A follow up on 03/16/2015 reported the patient received authorization to undergo a course of physical therapy of which she will schedule initial appointment. By a follow

up visit dated 04/06/2015 there was no change in the treating diagnoses, the subjective complaint or the medication regiment. The plan of care noted the doctor recommending a transcutaneous nerve stimulator unit be utilized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine cream180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Lidoderm (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAID such as Flurbiprofen are intended for short-term use for arthritis. Topical Lidocaine is intended for Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the claimant does not have the above diagnoses. In addition, oral NSAIDs were used in combination. The topical Flurbiprofen/Lidocaine is not medically necessary.