

Case Number:	CM14-0146076		
Date Assigned:	09/12/2014	Date of Injury:	04/03/1987
Decision Date:	11/19/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 3, 1987. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; unspecified amounts of physical therapy; and a TENS unit. In a Utilization Review Report dated August 14, 2014, the claims administrator denied a request for a topical compounded medication. The applicant's attorney subsequently appealed. In a progress note dated April 24, 2014, the applicant reported ongoing complaints of low back pain. The applicant was given Ultracin lotion for the same. On January 23, 2014, the applicant was again given a prescription for Ultracin lotion. The applicant's work status was not furnished. On July 24, 2014, the applicant was given a topical compounded lidocaine-flurbiprofen containing cream for ongoing complaints of neck and low back pain. The applicant's work status, once again, was not clearly reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

LF 520 (Lidocaine 5%, Flurbiprofen 20%) ap b.i.d. to t.i.d. 120gm with two 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 Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical agents and topical compounds such as the lidocaine-flurbiprofen containing compound at issue are "largely experimental." In this case, there was no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the lidocaine-flurbiprofen containing compound at issue. Therefore, the request was not medically necessary.