

Case Number:	CM14-0149727		
Date Assigned:	09/18/2014	Date of Injury:	10/03/2003
Decision Date:	10/21/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/15/2014

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:

Patient is a 57-year-old female who has submitted a claim for cervical disc degeneration, associated with an industrial injury date of 10/03/2003. Medical records from May 2005 to September 2014 were reviewed. Patient complained of neck and back pain. She stated that the pain followed after an injury where she slipped and fell on the floor, hitting her back and entire left side. She was managed with a number of pain medications, like Tylenol #3. She had physical therapy, but it was not helpful. She stated that during pain attacks, it was not relieved by medications. The patient noted on a progress note, dated 07/02/14, that there was functional improvement. There was pain relief with the adjunct medications. Physical examination of the cervical and lumbar regions revealed tenderness and decreased range of motion, with mildly positive bilateral leg raise test. Treatment to date has included Tylenol #3 (at least since January 2014), Prilosec, Voltaren, epidural steroid injection, acupuncture, aqua therapy, and physical therapy. Utilization review from September 06, 2014 denied request for Tylenol No.3, 300/30mg, QTY: 60, with 2 refills and LF520 cream (Lidocaine 5%, Flurbiprofen 20%) 120gm with 2 refills. Regarding Tylenol No. 3, due to the risk of addiction and other serious side effects, only short-term use is recommended. Also, the available records failed to provide evidence that the patient was in moderate to severe pain. Regarding LF520 cream, it is a treatment of short-term use for osteoarthritis and tendinitis, particularly of the knee. Its use is not recommended for osteoarthritis of the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No.3, 300/30mg, QTY: 60, with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine, Opioid, Page(s): 35 80.

Decision rationale: Tylenol #3 (Tylenol with codeine) is a brand name for acetaminophen with codeine. According to CA MTUS Chronic Pain Medical Treatment Guidelines page 35, codeine is recommended as an option for mild to moderate pain, not moderate to severe pain as stated in the utilization review report. Page 80 states that opioids appear to be efficacious for chronic back pain but limited for short-term pain relief. There is no evidence to recommend one opioid over another. In this case, the patient was prescribed Acetaminophen/Codeine #3 (Tylenol) since at least January 2014. Patient reported pain relief and functional improvement from medication use. Therefore, the request for Tylenol No.3, 300/30mg, QTY: 60, with 2 refills are medically necessary.

LF520 cream (Lidocaine 5%, Flurbiprofen 20%) 120gm with 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 Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Compounded products have limited published studies concerning its efficacy and safety. There is little to no research to support the use of many of these agents. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. There is little to no research as for the use of flurbiprofen in compounded products. In this case, the patient experienced pain from lumbar radiculopathy and not localized peripheral pain. Guidelines do not recommend their use for osteoarthritis of the spine. Topical NSAIDs are recommended for treatment of osteoarthritis and tendinitis, particularly of the knee, elbow or other joints that lend themselves to topical treatment. The topical compound also contains Flurbiprofen and Lidocaine that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Furthermore, there is no discussion in the medical records that the patient has not responded or intolerant to oral medications. Therefore, the request for LF520 cream (Lidocaine 5%, Flurbiprofen 20%) 120gm with 2 refills, is not medically necessary.