MAXIMUS Federal Services

Case Number:	CM13-0000854		
Date Assigned:	12/11/2013	Date of Injury:	01/04/2013
Decision Date:	02/03/2014	UR Denial Date:	06/14/2013
Priority:	Standard	Application Received:	06/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 patient is a 41 year-old female who was injured in a work related accident on 01/04/13. Clinical records reviewed in this case include a 05/13/13 assessment with [redacted] where the claimant was noted to be a diagnosis of lumbago, sciatica, and lumbar radiculitis. Current complaints at that time were of low back pain with radiating pain to the hips. Physical examination showed full lumbar range of motion with weakness with diminished EHL testing on the left and weakness with the great toe at 4/5. Conservative care was noted including use of a TENS unit, physical therapy, medication management, heat therapy, and a lumbar brace. The claimant was also utilizing a compounded topical agent containing flurbiprofen and Tramadol. At present, there is a retrospective request for the role of the compounded topical that was being utilized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Flurb/Tram for the Lumbar Spine, Cervical Spine, Lower Extremities, and Bilateral Hips: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the topical agent in question would not be indicated. Clinical guidelines do not support the role of flurbiprofen. Flurbiprofen is a non-FDA approved agent. The only approved FDA agent from an anti-inflammatory point of view is Diclofenac. Guideline criteria also would not support the role of Tramadol in the topical setting. Given the claimant's current complaints, the role of this compounded agent would not be supported.