

Case Number:	CM13-0008823		
Date Assigned:	09/12/2013	Date of Injury:	06/01/1997
Decision Date:	01/15/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/08/2013

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 Physical Medicine and Rehabilitation, 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 46-year-old female who reported an injury on 05/30/1997. The patient has been diagnosed as having fibromyalgia syndrome and continues to have subjective complaints of total body pain, chronic fatigue and problems sleeping. The patient has rated her pain as a 4/10 to 8/10 and experiences pain in her upper and mid back, neck, arms and legs. In the most recent documentation, the date of the exam is noted as 05/15/2013 (not was signed on 05/20/2013). The patient was reportedly doing Zumba 2 times per week, but was reporting gastric distress, constipation and diarrhea and had been noted as not being able to take oral nonsteroidal anti-inflammatory drugs (NSAIDs). On that same date, the patient's objective findings noted no new joint swelling, a normal neurologic examination, no rheumatoid arthritis deformities and that she did have tightness in her back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription for Flurbiprofen/Lidocaine/menthol/Camphor 25/5/5/1%, 180mg between 5/21/2013 and 5/21/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the retrospective request for 1 prescription for flurbiprofen/lidocaine/menthol/camphor at 25/5/5/51% (request is for 25/5/5/1%?) 180 mg between 05/21/2013 and 05/21/2013, the California MTUS Guidelines indicate that many agents are compounded as monotherapy or in combination for pain control, to include nonsteroidal anti-inflammatory drugs(NSAIDs), and there is little to no research to support the use of many of these agents. The MTUS guidelines also indicate that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Although this patient has had problems with gastrointestinal(GI) upset when utilizing oral NSAIDs, in regards to the request, the medical necessity cannot be approved with the guidelines not recommending this medication for topical use. As such, the request is non-certified. The request for retrospective request for 1 prescription for Flurbiprofen/Lidocaine/menthol/Camphor 25/5/5/1%, 180mg between 5/21/2013 and 5/21/2013 is not medically necessary and appropriate.