MAXIMUS Federal Services

Case Number:	CM13-0014463		
Date Assigned:	12/04/2013	Date of Injury:	08/31/2004
Decision Date:	02/12/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

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 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 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 31, 2004. Thus far, the applicant has been treated with the following: analgesic medications; adjuvant medications; epidural steroid injections; various interventional spine procedures; two prior fusion surgeries; topical patches; psychotropic medications; and unspecified amounts of acupuncture. A clinical progress note of September 12, 2013, is notable for comments that the applicant reports chronic low back pain. He is apparently a teacher. He is status post cervical and lumbar fusion surgeries and trigger point injections. A spinal cord stimulator is pending. The applicant is asked to continue OxyContin for pain relief. Amitriptyline was decreased and immediate release OxyContin was added. Opioids were suggested. Earlier notes suggested that the applicant is apparently also using topical compounds and is considering a spinal cord stimulator. This request is for a topical compounded flurbiprofen-containing agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical flurbiprofen compound cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The proposed topical compounded flurbiprofen-containing cream is not medically necessary, medically appropriate or indicated here. As noted in the ACOEM Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents or topical compounds, which are, per the Chronic Medical Treatment Guidelines, largely experimental. Therefore, the requested topical flurbiprofen compound cream is not medically necessary or appropriate.