

Case Number:	CM13-0040723		
Date Assigned:	12/20/2013	Date of Injury:	10/03/2011
Decision Date:	02/05/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 60-year-old female who reported an injury on 10/03/2011. The patient has undergone an L4-5 fusion for spondylolisthesis performed on 08/08/2013. The progress report dated 08/20/2013 noted the patient had continued complaints of low back pain with associated numbness in the left groin and left inner thigh, as well as soreness in the left leg. The patient has also been noted as having a fever of 103 degrees the day before this exam. Under the objective findings, the patient's vital signs were stable and examination of the lumbar spine and abdomen revealed a clean, dry, and intact incision. X-rays of the lumbar spine were taken revealing the instrumentation and Polyetheretherketone (PEEK) graft to be in excellent position. The patient was most recently seen on 10/22/2013 for a follow-up evaluation. Under the physical examination, the patient was noted as having paraspinal muscle spasms with a motor examination of 5/5 and a negative straight leg raise. At the time of the exam the patient was noted as being temporarily totally disabled. The physician is requesting flurbiprofen 20% gel and continued lumbar spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% gel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Under California MTUS, it states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The patient has had ongoing complaints of lower back pain. However, post-operatively, there is very little documentation providing objective information pertaining to her current pathology. The last clinical documentation is dated 10/22/2013 which states that the main reason for the office visit was due to vertigo. There was insufficient information regarding the patient's pain status that would necessitate the use of NSAIDs oral or topical. Therefore, at this time, the medical necessity for the use of Flurbiprofen 20% gel cannot be warranted. As such, the requested service is non-certified.

Continue LS brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297-298.

Decision rationale: Under California MTUS/ACOEM, it states there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, it states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient is now 5 months postoperative from her lumbar fusion with no documentation stating the patient's affected area has any instability which would medically necessitate a lumbar support at this time. Therefore, in reference to California MTUS/ACOEM Guidelines, the medical necessity for continued use of a lumbar support/brace for this patient is not warranted. As such, the requested service is non-certified.