

Case Number:	CM13-0059640		
Date Assigned:	12/30/2013	Date of Injury:	05/30/2003
Decision Date:	06/13/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery, and is licensed to practice in Nevada. 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:

The injured worker is a 52-year-old female with a date of Injury of May 30, 2003. The mechanism of injury is not disclosed. A progress note dated October 25, 2013 indicates the injured presents with severe pain in the lumbar spine with radiation to the left lower extremity for the prior week. The injured denied paresthesias. Physical examination revealed tenderness and spasm in the paravertebral musculature. Straight leg raise is negative, neurological examination was unremarkable. Range of motion demonstrated extension to 10° and lumbar flexion, but the fingertips were within 12 inches of the floor. The diagnosis reported was synovitis and tenosynovitis, and carpal tunnel syndrome. The treatment recommendation was for Voltaren-XR for pain and inflammation as well as Flurbiprofen to minimize gastrointestinal effects. A prior review of this request resulted and a recommendation for non-certification stood on November 21, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 25% TOPICAL CREAM, 30GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

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

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory medications (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. Therefore, this request is not medically necessary.