

Case Number:	CM13-0063366		
Date Assigned:	12/30/2013	Date of Injury:	10/14/2005
Decision Date:	06/13/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 47 year old male who was injured on 10/14/2005. The diagnoses listed are left shoulder pain, cervical spine sprain, thoracic spine sprain and lumbar spine pain. A lumbar transforaminal epidural steroid injections resulted in reduction in pain. The patient reported that the low back pain increased in intensity after a 2013 L5-S1 decompression surgery by [REDACTED]. [REDACTED] noted that the low back pain was associated with tingling and numbness sensations. The medications are Norco, naproxen and topical flurbiprofen for pain and Soma for muscle spasm. A Utilization Review decision was rendered on 12/2/2013 recommending non certification for compound topical flurbiprofen 20% gel 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND FLURBIPROFEN 20% GEL 120 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73, 111-113.

Decision rationale: The CA MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. The chronic use of NSAID medications can lead to cardiovascular, renal

and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest periods during acute injury and exacerbation of musculoskeletal pain. The topical NSAIDs preparations have diminished efficacy during chronic use. It is recommended that topical NSAIDs be used in patients who have gastrointestinal side effects or cannot tolerate oral NSAID formulations. The combined use of multiple NSAIDs in both oral and topical formulations is associated with increased incidence of severe adverse effects. This patient is utilizing oral naproxen in addition to the topical flurbiprofen preparation. The patient reported significant pain reduction following epidural steroid injections. The criteria for the use of compound flurbiprofen 20% gel 120gm was not met. Therefore, the request for Compound Flurbiprofen 20% is not medically necessary.