

Case Number:	CM14-0013568		
Date Assigned:	04/23/2014	Date of Injury:	07/18/2011
Decision Date:	05/27/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/03/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 48-year-old male who sustained multiple area traumas following a motor vehicle accident on July 18, 2011. His injuries included a right femur fracture, rib fractures, tracheal tearing with a pneumothorax, zygoma fracture, T2-4 and T12-L2 pedicle fracture. Subsequently, he underwent a thoracotomy to repair his trachea, an open reduction / internal fixation of the femur fracture and fusion with screw fixation of the fractured thoracic and lumbar vertebrae. Since July 2013, he has had 3-4/10, sharp mid back pain as a primary complaint that worsens upon back extension maneuvering. Upon examination, he has right lateral rib area tenderness. His current treatment regimen includes Diclofenac 100mg and Norco 7.5/325 mg tablets with planned termination of Diclofenac as it was irritating the patient's stomach. Initiation of both Flurbiprofen and Tramadol creams to 'sensitive' and 'painful' areas, respectively in Dec 2013. Additionally documented is "start tramadol cream for hypersensitivity over the shoulder and spine, plus Flurbiprofen cream for anti-inflammatory action in the same region.'

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN CREAM 20%, 1 TUBE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 111-112.

Decision rationale: Topical analgesics (compounded) are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. The request is not medically necessary and appropriate.