

Case Number:	CM14-0016448		
Date Assigned:	04/11/2014	Date of Injury:	10/03/2011
Decision Date:	05/29/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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 61 year-old female with a 10/3/2011 industrial injury claim. She has been diagnosed with grade 1 spondylolisthesis at L4/5 with instability on flex/ext with moderate central canal stenosis and bilateral lower extremity radiculopathy; s/p anterior fusion L4/5 and new onset right lower extremity radiculopathy. According to the 1/7/14 orthopedic spine report from [REDACTED]. [REDACTED] the patient presents with constant postoperative low back pain in the 7-8/10 range, associated with pain, numbness, tingling down the right leg. The physician requests an MRI to evaluate for recurrent herniation, and in the meantime continues the medications including the topical Furbiprofen gel. On 11/29/14 UR recommended against the topical Flurbiprofen.

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 Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, Topical Analgesics.

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

Decision rationale: The Expert Reviewer's decision rationale: According to the 1/7/14 orthopedic spine report from [REDACTED], the patient presents with constant postoperative low back pain in the 7-8/10 range, associated with pain, numbness, tingling down the right leg. I have been asked to review for Flurbiprofen gel. This is a topical NSAID, and MTUS for topical NSAIDs states these are an option for osteoarthritis of the knees, or elbows or joints that are amenable to topical treatment. MTUS specifically states, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder" The use of the topical NSAID/Flurbiprofen gel over the low back/spine, is not in accordance with MTUS guidelines.