

Case Number:	CM14-0017959		
Date Assigned:	04/16/2014	Date of Injury:	05/08/2007
Decision Date:	06/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 Family Medicine 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:

The patient is a 53 year old male who sustained a work injury on 5/8/07 and cumulative trauma from 10/21/88-5/8/07 resulting in chronic back pain. He had a diagnosis of lumbar disc protrusion, status post lumbar laminectomy, discectomy at L4-L5, spine protrusion and failed back syndrome. A recent examination on 1/13/14 indicate the claimant continued o have 4-6/10 back pain. He had undergone therapy and been using Percocet, Neurontin and Soma for pain. His exam findings included paraspinal tenderness and positive straight leg raise. Since he is unable to tolerate oral NSAIDs due to severe gastritis, he was given topical Flurbiprofen/Diclofenac for inflammation and radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN/DICLOFENAC CREAM, 120GM: Upheld

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

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

Decision rationale: In this case, the amount of topical NSAIDs can have the same systemic effect of oral NSAIDs, which can create similar gastric risks. In addition, there is no evidence of

benefit for neuropathic or radicular symptoms. Topical analgesics are largely experimental and the use of Flurbiprofen, Diclofenac topical is not medically necessary.