

Case Number:	CM14-0018570		
Date Assigned:	04/18/2014	Date of Injury:	03/20/2013
Decision Date:	06/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/13/2014

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 and Pain Management 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 patient is a 60-year-old male with a date of injury of 03/20/2013. The listed diagnoses per [REDACTED] are: 1. Lumbar spondylosis with myelopathy. 2. Lesion of sciatic nerve. 3. Bursitis and tendinitis of the bilateral shoulders. 4. Tendinitis/bursitis of bilateral hips. 5. Bursitis of the right knee. According to report dated 01/24/2014 by [REDACTED], the patient presents with lumbar spine, bilateral hips, bilateral shoulder, and knee pain. Examination of the lumbar spine revealed +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L2-S1. Range of motion is decreased. Kemp's test was positive bilaterally. Straight leg raise and Braggard's were also positive. Examination of the hip revealed +3 spasm and tenderness to the bilateral tensor fasciae latae muscles. Faber's test was positive bilaterally. Examination of the knee revealed +3 spasm and tenderness to the right popliteal fossa and gastrocnemius muscle. Treater is requesting a topical compound cream with 2 refills. Utilization review is dated 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND 180GM (FLURBIPROFEN 105%/ DICLOFENAC 10%/ TRAMADOL 10%) WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111

Decision rationale: This patient presents with lumbar spine, bilateral hips, bilateral shoulders, and right knee pain. The treater is requesting a topical compound cream which contains Flurbiprofen, Diclofenac, and Tramadol. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Tramadol is not tested for transdermal use with any efficacy. Therefor the request for topical compound 180gm (Flurbiprofen 105%/ Diclofenac 10%/ Tramadol 10%) with 2 refills is not medically necessary and appropriate.