

<b>Case Number:</b>	CM14-0019114		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Occupational 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 14, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; and unspecified amounts of chiropractic manipulated therapy. A progress note dated August 28, 2013 was notable for comments that the applicant was using oral diclofenac and oral tramadol as of that point in time. The applicant was seemingly off of work after having reportedly failed six earlier epidural steroid injections, it was suggested. On October 9, 2013, the applicant was given topical Lidoderm patches, it was further noted, and was again not apparently working as of that point in time. On October 21, 2013, the applicant was again described as using oral tramadol and oral diclofenac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX PATCHES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line pharmaceuticals so as to make a case for usage of topical agents and/or topical compounds such as Medrox, which are, as a class, deemed largely experimental, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, the applicant's ongoing usage of both oral Voltaren and oral tramadol effectively obviates the need for the topical compounded drug in question. Therefore, the request is not medically necessary.

**FLURBIPROFEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's seemingly successful usage of first-line oral Voltaren and tramadol effectively obviates the need for topical agents and/or topical compounds such as the flurbiprofen containing compound proposed here which is deemed, as a class largely experimental, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.