

Case Number:	CM14-0114301		
Date Assigned:	08/04/2014	Date of Injury:	12/06/2011
Decision Date:	09/17/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 65-year-old gentleman was reportedly injured on December 6, 2011. The mechanism of injury is noted as tripping on an air hose and falling. The most recent progress note, dated May fifth 2014, indicates that there are ongoing complaints of low back pain radiating to the hips. The physical examination demonstrated the inability to do a heel/toe walk. There was tenderness and spasm throughout the lumbar paraspinal muscles and decreased lumbar spine range of motion. Neurological examination revealed decreased sensation at the L4, L5, and S1 dermatomes bilaterally. There was normal lower extremity strength. Diagnostic imaging studies of the lumbar spine revealed a far right lateral disc extrusion at L4 - L5. Previous treatment is unknown. A request had been made for flurbiprofen/lidocaine/diclofenac/tramadol topical medication and was not certified in the pre-authorization process on July 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%/Lidocaine 10% 240gr/ #2 Diclofenac 25% /Tramadol 15% 240gr #1:
Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for flurbiprofen/lidocaine/diclofenac/tramadol is not medically necessary.