

Case Number:	CM14-0137252		
Date Assigned:	09/05/2014	Date of Injury:	10/19/2013
Decision Date:	11/07/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 was injured on 10/9/2013. The diagnoses are low back, left shoulder and upper back pain. There is associated diagnosis insomnia. The MRI showed degenerative disc disease of the lumbar and thoracic spine, full thickness tear of the rotator cuff and tenosynovitis of the left shoulder. The patient had completed caudal epidural, transformational epidural, facet and trigger point injections. [REDACTED] noted subjective complaints of pain score of 8-9/10 without medications and 6-7/10 with medications on a scale of 0 to 10. There was tenderness over the lumbar facet areas, positive straight leg raising and decreased range of motion of the lumbar spine. A Utilization Review determination was rendered on 8/13/2014 recommending non certification for Flurbiprofen 20%/Tramadol 20% in Mediderm 210gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Tramadol 20% in Mediderm base 210 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK, TOPICAL ANALGESICS Pa.

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic preparations can be utilized for the treatment of localized pain that did not respond to treatment with NSAIDs, anticonvulsant and antidepressant medications. The guidelines recommend that topical medications should be tried and evaluated individually for efficacy. There is lack of guideline support for the use of tramadol in topical formulation. The records did not indicate that the patient has failed first line medications. The criteria for the use of Flurbiprofen 20%/Tramadol 20% in Mediderm base 210gm has not been met and is not medically necessary.