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| Case Number: | CM14-0146405 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 06/11/2010 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 08/19/2014 |
| Priority: | Standard | Application Received: | 09/09/2014 |

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 Medicine, and is licensed to practice in California & Washington. 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 injured worker is a 31 year old male. His date of injury was 03/17/2012. His mechanism of injury was repetitive movement. His diagnoses were lumbar disc herniation and chronic cervical strain. His past treatments have included acupuncture. His diagnostic studies have included drug screens, and MRI's of lumbar spine on 02/05/2013 and 10/27/2013. There was no surgical history included in the medical record. He had complaints of persistent neck, lower back and bilateral shoulder pain, rating it at a 7-8/10 on 06/17/2014. The pain was worse with weather changes. His physical exam findings of 06/17/2014 were a cervical and lumbar spine decreased range of motion. He was noted to have normal cervical and lumbar strength and sensation bilaterally. His medications included Norco. His treatment plan included obtaining medical records and MRI results, pending authorization for aquatic therapy, and kera-tek analgesic gel. The rationale for the request and the Request for Authorization Form were not included in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Tramadol Cream (duration and frequency unknown): 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): 111-113.

Decision rationale: The request for Flurbiprofen/Tramadol Cream (duration and frequency unknown) is not medically necessary. The injured worker has a cervical and lumbar spine injury. The California MTUS Guidelines state topical analgesics are primarily recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. A compounded product that contains at least one drug that is not recommended is not recommended. NSAIDs, such as Flurbiprofen, are recommended for osteoarthritis and tendinitis in knees, elbows and other joints that topical creams are practical to use on for short term, 4-12 week, use. Furthermore, there is no documentation addressing a trial of antidepressants and anticonvulsants for pain control. The dose, quantity, frequency and site of application for the compounded cream are not included in the request. Therefore, the request is not medically necessary.