MAXIMUS Federal Services

Case Number:	CM14-0177311		
Date Assigned:	10/30/2014	Date of Injury:	11/18/2011
Decision Date:	12/12/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/27/2014

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, 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:

The patient is a 52 year old with an injury date on 11/18/11. Patient complains of constant, achy lumbar pain that has not changed, and numbness in the left foot per 9/2/14 report. Patient states that back spasms have stopped but he continues to have tightness per 4/10/14 report. Based on the 9/2/14 progress report provided by [redacted] the diagnoses are: 1. lumbar disc w/ radiculopathy 2. lumbar s/s 3. lumbar spine displaced w/o radiculopathy 4. lumbar radiculopathy. Exam on 9/2/14 showed "L-spine range of motion limited by 10 degrees in all planes, except in flexion by 20 degrees (40/60)." Patient's treatment history includes medications (NSAID, PPI, Muscle Relaxant, Opioid, Compound Cream), acupuncture, physical therapy, behavior modification. [redacted] is requesting compound: flurbiprofen 20% tramadol 20% in mediderm base. The utilization review determination being challenged is dated 9/24/14. [redacted] is the requesting provider, and he provided treatment reports from 4/9/14 to 9/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen 20% Tramadol 20% in mediderm base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs)NSAIDs, specific drug list & adverse effectsCh.

Decision rationale: This patient presents with back pain, and left foot numbness. The treater has asked forcompound: FLURBIPROFEN 20% TRAMADOL 20% in mediderm base on 9/2/14. Patient has been taking flurbiprofen 20%/Tramadol 20% since 6/1/14. Regarding topical NSAIDS, MTUS states they are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the patient does present with left foot numbness, but the treater does not indicate where the topical NSAID is being applied, nor is there documentation of efficacy during 3 months of use. Regarding medications for chronic pain, MTUS pg. 60 states treater must maintain a record of pain and function. Due to a lack of documentation of efficacy, recommendation is for denial.