

Case Number:	CM14-0030795		
Date Assigned:	04/09/2014	Date of Injury:	10/11/2011
Decision Date:	05/27/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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 Illinois. 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 24-year-old male who reported an injury on 10/11/2011. The mechanism of injury was a lifting injury. The injured worker continued to complain of low back pain. The clinical note dated 12/20/2013 noted the injured worker reported frequent mid and low back pain, rated 8/10 with radiation to the bilateral lower extremities and buttocks, the right was worse than the left. The injured workers medication regimen included Medrox patches, topical creams and Norco. The injured worker underwent a high-volume epidural injection at L4-L5 on 09/26/2013 which provided him with 60% symptomatic relief for two weeks. Upon examination, the straight leg raising was positive bilaterally, motor strength testing revealed weakness in the extensor hallucis longus and tibialis anterior muscle groups at 4/5 bilaterally, and motor strength was 5/5 in all other muscle groups. Sensory examination revealed decreased sensation to light touch over the posterior aspect of the calf. The provider recommended an anti-inflammatory topical cream to decrease the use of oral medications. The request for authorization for flurbiprofen 20% gel 120gm - apply to affected area 2-3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR COMPOUND FLURBIPROFEN 20% GEL 120GM - APPLY TO AFFECTED AREA 2-3 TIMES A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Non-steroidal anti-inflammatory drugs (NSAIDs) pgs. 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Chronic pain, Flurbiprofen and Section Topical Non-steroidal anti-inflammatory drugs (NSAIDs), 111-113.

Decision rationale: The California MTUS indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The guidelines recommend the use of topical NSAID medications for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The guidelines note there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines note Flurbiprofen is not currently Food and Drug Administration (FDA) approved for topical application. The injured worker continues to have complaints of low back pain and lower extremity radicular pain. The documentation provided failed to indicate if the injured worker had a diagnosis of osteoarthritis and/or tendinitis to the knee, elbow or other joints or osteoarthritis of the spine, hip or shoulder that are amenable to topical treatment. Flurbiprofen 20% gel 120gm is not currently approved by the FDA for topical use. The request did not indicate the specific site to which the medication would be applied. Without the required documentation to indicate if the injured worker has a diagnosis of osteoarthritis or tendinitis the current request is not medically necessary. Therefore, the current request for Flurbiprofen 20% gel 120gm - apply to affected area 2-3 times a day is not medically necessary.