MAXIMUS Federal Services

Case Number:	CM14-0036589		
Date Assigned:	06/25/2014	Date of Injury:	12/27/2008
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/26/2014

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 injured worker is a 52 year-old lady who was reportedly injured on December 27, 2008. The mechanism of injury is not listed in these records reviewed) The most recent progress note dated October 9, 2013, indicates that there are ongoing complaints of neck pain, bilateral upper extremity numbness and tingling, low back pain with radiation into the bilateral lower extremities. Elements of depression and anxiety are also noted. Some relief is noted with narcotic analgesics. The physical examination demonstrated a 5'1, 102 pound individual with a blaze as antalgic gait pattern. A decrease in cervical spine and lumbar spine range of motion is reported as well as sensory losses in the C6-C7 dermatome. Motor function is described for/5. A chronic radiculopathy is reported on electrodiagnostic studies. Diagnostic imaging studies objectified degenerative changes in the cervical and lumbar spine. No acute disc lesions were objectified. Previous treatment includes injections, medications, topical preparations, physical therapy and other interventions. A request had been made for a compound preparation and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Fluribrofen 20% gel 120 gm: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Guidelines state that topical analgesics are largely experimental and any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory drugs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. Therefore, this preparation is not medically necessary.