

Case Number:	CM14-0040326		
Date Assigned:	06/30/2014	Date of Injury:	04/18/2008
Decision Date:	09/09/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/07/2014

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 Neurology 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 injured worker is a 67 year old female who injured her back on 4/18/2008 when she bent forward to retrieve a medication bottle from a low shelf. A medical exam dated 5/8/2014 indicates that the IW continues to report pain symptoms in her mid-back radiating to her low back, and low back pain radiating to lower extremities, with right symptomology greater than the left. The diagnoses are recurrent lumbar strain, lumbar degenerative disease and stenosis, lumbar disc pathology, and right lumbar radiculopathy. An MRI cited in a 2/8/2013 doctor's report indicates extensive degenerative bone, disc, and joint changes throughout the lumbar spine with associated stenosis and bilateral foraminal narrowing; a disc bulge as L4-5 with compression of the thecal sac; left-sided disc protrusion at L5-S1; a diffuse disc bulge and desiccation at T12-L1; and marked disc-height loss with desiccation at L1-2. Records reviewed indicate that the IW has been using Norco 10/325 as needed for pain control during flare-ups since at least early 2014 with no reported aberrant behavior or misuse. The IW states that her pain is 4-5/10 with medication use and 9-10/10 without. Medrox ointment (a topical analgesic containing capsaicin and menthol) had been requested and denied previously (utilization review dated 9/20/2013). A compounded topical analgesic cream consisting of Flurbiprofen 25% and Diclofenac 10% was requested on 2/26/2014 to assist with pain management and support decreased-use of other medications. This request was subsequently denied on 3/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% and Diclofenac 10% topical cream 120gm applied three (3) times a day to affected area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS states the non-steroidal anti-inflammatory agents (NSAIDs) are not recommended for neuropathic pain. The primary pain complaints due to the IW's back injuries are neuropathic in nature (i.e., stenosis, disc disease, radiculopathy). Flurbiprofen and Diclofenac are NSAIDs. Indications for topical NSAIDs are for short-term use (4 - 12 weeks) for osteoarthritis and tendinitis, specifically that of the knee, elbow, or other joints amenable to topical treatment. There is insufficient evidence to indicate topical NSAIDs for osteoarthritis of the spine, hip, or shoulder. Diclofenac is FDA approved as the commercially available Voltaren Gel 1%, but then only as indicated for osteoarthritic joint pain such as in the ankle, elbow, foot, hand, knee, or wrist where topical treatment is amenable. Topical NSAID treatment with a compounded cream of Flurbiprofen and Diclofenac is not medically necessary.