

Case Number:	CM14-0041284		
Date Assigned:	06/30/2014	Date of Injury:	12/30/1998
Decision Date:	11/13/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/08/2014

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 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:

This 46 year-old patient sustained an injury on 12/30/1998 while employed by [REDACTED]. Request(s) under consideration include Retrospective Flurbipro cream 180gm. Diagnoses include Lumbar sprain/ degenerative disc disease (DDD)/ spinal stenosis/ neuritis; and idiopathic scoliosis. Report of 2/20/14 from the provider has request for topical compounded medication which included non-steroidal anti-inflammatory drug (NSAID) and muscle relaxant for pain and muscle spasm. Reports of 5/16/13 and 10/10/13 from the provider noted patient was taking Bio-therm, Tramadol, Naproxen, Nizatidine, and Methocarbamol. The patient had not been working with constant low back pain that radiates to right leg with associated numbness and tingling. Exam only documented "tender over right sciatic notch." Treatment included continuing with medication refills; NSAID Ketorolac injection, and exercise/ pool therapy. The request for Retrospective Flurbipro cream 180gm was non-certified on 3/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbipro cream 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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), Topical Analgesics Page(s): 111-113, 22.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical NSAID and muscles relaxant for this chronic injury of 1998 without documented functional improvement from treatment already rendered. The Retrospective Flurbipro cream 180gm is not medically necessary and appropriate