

Case Number:	CM14-0041354		
Date Assigned:	06/27/2014	Date of Injury:	07/08/2011
Decision Date:	09/05/2014	UR Denial Date:	03/07/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 who was injured on 7/8/2011. The diagnoses are low back pain, status post lumbar fusion, and bilateral sacroiliac joint pain. The patient has completed 26 physical therapy and 6-8 acupuncture treatments. A 3/7/2014 computed tomography of the lumbar spine showed multilevel facet degeneration, degenerative disc disease and lumbar fusion. On 3/3/2014, [REDACTED] noted that the pain was not improved by creams and Neurontin. He scheduled bilateral sacroiliac joint injections. The medications are Neurontin, Percocet and Norco for pain and Flexeril for muscle spasm. The urine drug screen on 9/23/2013 was positive for Methadone and Oxycodone. A Utilization Review determination was rendered on 3/7/2014 recommending non certification for Flurbiprofen 20% cream #30 and Tramadol 20% cream #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% cream #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73, 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) addressed the use of topical Non-steroidal anti-inflammatory drugs (NSAIDs) in the treatment of musculoskeletal pain. The chronic use of NSAIDs is associated with cardiovascular, renal and gastrointestinal complications. Topical NSAIDs is indicated when patient cannot tolerate or have failed oral NSAIDs treatment. Although there is less gastrointestinal side effects associated with the use of topical NSAIDs, the efficacy of topical NSAIDs decreases over time. Topical NSAIDs is utilized for the treatment of osteoarthritis of the knees and smaller joints. The record did not indicate that the patient did not tolerate or have failed oral NSAIDs treatment. The criteria for the use of flurbiprofen 20% cream was not met.

Tramadol 20% cream #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111,119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) addressed the use of topical analgesic compound preparations for the treatment if neuropathic and arthritis pain. Topical preparations can be utilized when trials of first line anticonvulsant and antidepressant cannot be tolerated, are ineffective or have failed. The records did not show that the patient failed treatment with first line medications. There was no indication that the patient could not tolerate oral Tramadol medication. There is a lack of guideline support for the use of Tramadol in topical formulation. The criteria for the use of Tramadol 20% cream #30 were not met.