

Case Number:	CM14-0049785		
Date Assigned:	07/07/2014	Date of Injury:	07/15/2001
Decision Date:	08/26/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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 Family Practice 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 is a 52-year-old female claimant who sustained a work injury on 07/15/2001 involving the low back. Prior MRIs indicated bulging disc at different levels of the lumbar spine therefore was diagnosed with lumbar degenerative disc disease and lumbar stenosis. Her pain had been managed chronically with Soma, Oxycodone and Nortriptyline. A progress note on 2/28/14 indicated the claimant had 10 out of 10 pain with radiation to the left lower extremities. She had previously received spinal injections and wished other options to manage her pain. Examination findings were notable for tenderness in the left buttocks and left anterior thigh as well as painful range of motion of the lumbar spine. The straight leg test was positive on the left side. The treating physician started tramadol 15%/Capsacin .025 % topical cream and Flurbiprofen 20%/Lidocaine5% topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen compound cream 130 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS Guidelines, Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The efficacy in clinical trials for topical NSAIDs such as Flurbiprofen has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Therefore the topical Flurbiprofen is not medically necessary.

Tramadol compound cream 130 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS Guidelines, Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, Opioids, Capsaicin). Based on the lack of evidence supporting the use of topical Tramadol, its use is not medically necessary.