

Case Number:	CM14-0053662		
Date Assigned:	07/07/2014	Date of Injury:	12/10/2001
Decision Date:	08/26/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/22/2014

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 & 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:

The injured worker is a 46-year-old male who reported an injury on 12/10/2001 due to a motor vehicle accident. The injured worker's diagnoses are status post anterior lumbar interbody fusion at L4-5; at L5-S1; status post posterior lumbar decompression; chronic back pain; chronic pain syndrome; depression secondary to pain; right lower extremity radiculopathy; left lower extremity lumbar radiculopathy; mild stenosis at L3-5, L3-4 bilateral facet arthritis; L4-5 solid anterior fusion and severe stenosis of the left foramen due to facet hypertrophy; and partial ossification of the right ligamentum flavum as well as L1-2 and L2-3 on the right. Past treatments for the injured worker include physical therapy, traction, hot and cold packs, electrical stimulation, massage, chiropractic adjustment, walker support brace, epidural steroid injections and medications. Past diagnostics include MRI's and electrodiagnostic studies. Past surgical history includes a posterior lumbar decompression and fusion in 12/2002, posterior decompression in 11/2003 for hardware removal, repair of his fusion in 08/2004, anterior lumbar interbody fusion at L5-S1 in 08/2006, and an anterior lumbar interbody fusion at L4-5 in 10/2011. The injured worker complained of continuous pain in the lower back with pain radiating to his right lower extremity. He also had numbness and tingling and burning sensation in his right lower extremity. He indicated on a scale of 1 to 10 that his lumbar pain was at a level of 6/10 to 7/10. The injured worker also stated that his pain increases with prolonged standing, walking, and sitting. He was unable to sit for more than 5 minutes or stand for more than 5 to 10 minutes before his pain symptoms increase. He was complaining of having difficulty bending forward, backwards, sideways, and driving for long periods of time. He also was having difficulty sleeping and awakens with the pain and discomfort. On physical examination dated 01/22/2014, the lumbar spine range of motion was decreased. Straight leg raise test was positive on the right, but negative on the left. Sensory examination revealed decreased sensation to light

touch over the L4-5 dermatomes. Motor strength testing revealed weakness in the right tibial anterior extensor hallucis longus and gastroc muscle group at 4/5. The injured worker's medications were Methadone, Neurontin, and Norco. The treatment plan from the provider was the injured worker would be given a prescription of medication in order to decrease his symptoms. The injured worker was to continue with cardio, with a reduced-calorie diet, home exercise including biking, swimming, and strengthening program for core stabilization. The requested treatment plan is for Flurbiprofen 20% gel, quantity 120 grams. The Request for Authorization form was provided with documentation submitted. The request date on that authorization form is dated 03/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Gel Quantity:120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for Flurbiprofen 20% gel, 120 grams, is not medically necessary. According to California MTUS Guidelines, topical analgesics are recommended as an option, but are largely experimental in use with few randomized control trials to determine the efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker complained of pain ranging from 5/10 to 8/10, and being unable to stand more than 5 minutes without an increase in pain. There is a lack of documentation of a trial of an antidepressant or anticonvulsant that has failed. Although the injured worker complained of pain, there is a lack of documentation as the efficacy of the requested medication, as well as lack of mention of frequency and body location for the proposed medication. As such, the request for Flurbiprofen 20% gel, quantity 120 grams, is not medically necessary.