

Case Number:	CM14-0073138		
Date Assigned:	07/16/2014	Date of Injury:	05/05/2014
Decision Date:	12/19/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/21/2014

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 Occupational Medicine 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 62 year-old male with a date of injury of 5/5/14. The injury occurred when he was bending over cutting lettuce. On 4/1/14 he complained of low back pain and left knee pain, which increased with activity. On exam there was tenderness in the lumbosacral paraspinal area and tenderness in the posterior ligament of the left knee. Range of motion was restricted due to pain. His medication list includes Anaprox 550mg, Norco 10/325mg, Prilosec 20mg, Ultram ER 150mg and Flurbiprofen cream. The diagnostic impression is herniated disc of the lumbar spine. Treatment to date: medication management. A UR decision dated 5/1/14 denied the request for Flurbiprofen topical cream. Guidelines regarding topical NSAIDs state "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." There was no documentation to indicate this patient has an intolerance to oral medications to support the medicals necessity for a trial of a topical analgesic. Therefore, the request for Flurbiprofen 30gm was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 30 mg / 120 mg tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesic Page(s): 25,28,111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, Flurbiprofen is a topical NSAID formulation that is not supported by CA MTUS guidelines. A specific rationale identifying why Flurbiprofen cream would be required in this patient, despite a lack of guidelines support, was not identified. Therefore, the request for Flurbiprofen 30mg 120gm tube is not medically necessary.