

Case Number:	CM14-0091772		
Date Assigned:	07/25/2014	Date of Injury:	02/20/2007
Decision Date:	08/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 injured worker is a 52-year-old female who reported an injury on 02/20/2007. The mechanism of injury was not specifically stated. The current diagnoses include lumbar radiculopathy, a history of a lumbar laminotomy, lumbar facet hypertrophy, neural foraminal lateral recess stenosis, chronic pain syndrome, failure of a spinal cord stimulator trial, muscle spasm, and neck/shoulder pain. The injured worker was evaluated on 04/29/2014 with complaints of low back pain, lower extremity pain and chronic pain syndrome. The current medication regimen includes Nucynta ER 100 mg, Gralise 1800 mg and Mobic. Physical examination revealed a midline lumbar incision, tenderness to palpation over the lumbar paraspinous muscles, sciatic notch tenderness, tenderness of the gluteal muscles and decreased range of motion in all planes of the lumbar spine. Treatment recommendations included a prescription for a compounded pain cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen PA 240g QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (web: updated 6/10/14).

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The only FDA-approved topical NSAID is diclofenac. Therefore, the current request cannot be determined as medically appropriate. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.