

Case Number:	CM14-0124780		
Date Assigned:	08/08/2014	Date of Injury:	10/09/2013
Decision Date:	01/20/2015	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/05/2014

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:

According to the records made available for review, this is a 37-year-old male with a 10/9/13 date of injury. At the time (7/30/14) of the Decision for Compound: Flurbiprofen 20% Cream 120g, there is documentation of subjective (low back pain) and objective (paraspinal spasms and tenderness to palpation over the lumbar paravertebral musculature, positive sciatic notch tenderness bilaterally, positive straight leg raise bilaterally, diminished sensation to light touch over the posterior calf, and decreased tibialis anterior motor strength) findings, current diagnoses (L4-L5 and L5-S1 spondylosis, disc herniation, central stenosis, lateral recess stenosis, and neural foraminal stenosis with bilateral lower extremity radiculopathy), and treatment to date (lumbar epidural injections, physical therapy, chiropractic treatments, and medications (including Tramadol)). There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Flurbiprofen 20% cream 120g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of L4-L5 and L5-S1 spondylosis, disc herniation, central stenosis, lateral recess stenosis, and neural foraminal stenosis with bilateral lower extremity radiculopathy. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for compound: Flurbiprofen 20% cream 120g is not medically necessary.