

Case Number:	CM14-0166984		
Date Assigned:	10/14/2014	Date of Injury:	06/19/2006
Decision Date:	01/26/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/09/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 66-year old female with the injury date of 06/19/06. Per physician's report 05/13/14, the patient has severe low back pain. The patient has had a diagnostic lumbar facet joint injection, physical therapy and psychiatrist consultation. Medications "allow her to get out of bed and perform her daily activities. The patient states that "medication regiment provides her more than relief of her symptoms. The patient is currently taking Anaprox, Prilosec and Capsaicin topical cream. The lists of diagnoses are:1) Lumbar degenerative spondylosis with disc herniation2) Lumbar facet arthropathy more significant at L4-5 and L5-S13) S/P right knee arthroscopic surgery with recurrent right knee pain4) S/P bilateral carpal tunnel release surgery with wrist pain5) Right ankle sprain/strain6) Chronic pain syndromeThe patient was provided Flurbiprofen/ Diclofenac topical cream, which she finds it very helpful in managing her pain and minimizing her oral medication, which causes her GI irritations. The sample of the cream was applied in the office. The utilization review determination being challenged is dated on 10/03/14. One treatment report was provided on 05/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, Medication for chronic pain Page(s): 111, 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Topical analgesics

Decision rationale: The patient presents with pain in her lower back, right knee and wrists bilaterally. The patient is s/p right knee arthroscopy and bilateral carpal tunnel release. The request is for FLURBIPROFEN cream 120gm. MTUS guideline page 111 recommends Non-steroidal ant-inflammatory agents (NSAIDs) as topical analgesics for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). ODG guidelines have the following regarding topical analgesics: (<http://www.odg-wc.com/odgtwc/pain.htm#TreatmentProtocols>) "There is little to no research to support the use of many these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, while the patient presents with peripheral joint arthritis/tendinitis, the treater does not discuss how the topical is being used and with what efficacy. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request is not medically necessary.