

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0188769 | | |
| Date Assigned: | 11/19/2014 | Date of Injury: | 10/13/2010 |
| Decision Date: | 01/08/2015 | UR Denial Date: | 10/11/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 41 year old male who sustained an industrial injury on 10/14/2013. The mechanism of injury was due to cumulative trauma. His diagnosis is cervical strain, lumbar spine fusion, and left shoulder impingement. He continues to complain of low back pain, left more than the right with persistent radicular complaints. On physical examination there is pain to palpation over the paracervical and trapezius musculature, left more than right. Exam of the shoulder showed persistent pain and tenderness over the anterior and lateral deltoid as well as limited range of motion. Impingement test was positive, Neer's sign was positive. Examination of the lumbar spine revealed well healed incisions with limited range of motion. Straight leg raise was positive on the left with diminished L5-S1 sensory deficit and gait favoring the left lower extremity. Treatment in addition to surgery has included medical therapy with topical compounds, physical therapy, and home exercises. The treating provider requested Flurbiprofen Cream, prescribed on 10/14/13, and Tramadol Cream prescribed on 10/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen Cream, prescribed on 10/14/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case Flurbiprofen is a topical NSAID that has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect over another two-week period. There is lack of scientific evidence to support the use of topical Flurbiprofen for the treatment of chronic neck and low back pain. There is no documentation indicating the claimant cannot tolerate oral non-steroidal anti-inflammatory therapy. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Retrospective request for Tramadol Cream prescribed on 10/14/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is lack of scientific evidence to support the use of topical Tramadol for the treatment of chronic neck and lower back pain. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.