

Case Number:	CM14-0199189		
Date Assigned:	12/09/2014	Date of Injury:	10/20/2008
Decision Date:	01/21/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice 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 33 year old female claimant sustained a work injury on 10/20/08 involving the neck, right knee and back. She was diagnosed with posterior horn tear of the right medial meniscus, cervical strain and lumbar disc disease. She underwent a L5/S1 fusion and subsequent hardware removal. She had a right knee meniscectomy in 2012 and was diagnosed with chondromalacia of the medial femoral condyle. In April 2014, she had been on Oxycontin, Zanaflex, Gabapentin, Neurontin, Percocet, Methadone, Ibuprofen and Tramadol for pain and spasms. A progress note on 11/10/14 indicated the claimant had 5/10 pain. Exam findings were notable for paraspinous tenderness and decreased range of motion of the lumbar spine. The claimant remained on oral analgesics and a request was made for topical Flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 300g: 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 Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a topical NSAID. They have not been proven effective for low back pain. The location or length of use was not specified in this case. The claimant had been on numerous oral medications including NSAIDs. Topical NSAIDs have been found to have similar absorption as oral NSAIDs. The use of Flurbiprofen 300g is not medically necessary.