

Case Number:	CM14-0200980		
Date Assigned:	12/11/2014	Date of Injury:	01/06/2010
Decision Date:	02/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 6, 2010. In a Utilization Review Report dated November 20, 2014, claims administrator failed to approve requests for a flurbiprofen topical compound and Fexmid (cyclobenzaprine). The claims administrator referenced progress notes of November 6, 2014, October 9, 2014, and September 11, 2014 in its determination. In a November 12, 2014 progress note, the applicant reported 9/10 low back pain. The applicant stated that nothing was alleviating her pain complaints, including the pain medications which she was taking. In another section of the note, the applicant reported 7/10 pain complaints. The note, thus, was difficult to follow and mingled historical complaints with current complaints. Percocet, naproxen, Fexmid, and a flurbiprofen containing topical compounded cream were endorsed. A rather proscriptive 15-pound lifting limitation was endorsed, although it was stated whether the applicant was or was not working with said limitation in place. The applicant's complete medication list, at the bottom of the report, reportedly included Cymbalta, Portia, Norco, Zohydro, Percocet, Motrin, naproxen, Fexmid, and the flurbiprofen containing compound at issue. On October 30, 2014, the applicant again reported 7/10 low back pain. The applicant stated that nothing was alleviating her pain complaints. The applicant's medications reportedly comprised of Norco, Motrin, Percocet, and Zohydro, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Lidocaine 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as Flurbiprofen are recommended in the treatment of small joint arthritis or small joint tendonitis which lends themselves toward topical applications, such as the knees, elbows, ankles, feet, hands, etc. Here, the applicant's primary pain generator is the low back pain, a large area which is likely not amenable to topical application. Since the Flurbiprofen component of the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.