

Case Number:	CM14-0205890		
Date Assigned:	12/17/2014	Date of Injury:	05/13/2013
Decision Date:	02/10/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/09/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 30-year-old woman who sustained a work related injury on May 13, 2013. Subsequently, she developed chronic low back pain. According to a progress report dated October 7, 2014, the patient had her first lumbar epidural injection one week ago, which did give a good result. She had less low back pain. Examination of the lumbar spine revealed moderate tenderness in the lumbar paravertebral muscles. There was no spasm of the lumbar paravertebral muscles. With direct palpation, there was no generalized tenderness in the lumbar spine. There was no tenderness in the right and left sacroiliac joints, bilaterally. There was no tenderness in the right and left sciatic notches, bilaterally. Range of motion was restricted with flexion at 60 degrees, limited by pain, extension at 5 degrees, limited by pain, and right and left lateral bending at 20 degrees, limited by pain. Straight leg raising was to 50 degrees, bilaterally, without pain in the lower back region. Sensation in the lower extremities was not impaired. Deep tendon reflexes: knee jerk 1+ bilaterally and ankle jerk 2+. MRI of the lumbar spine done on June 19, 2013 showed a minimal disc bulge and facet arthropathy at L4-5 and L5-S1. The patient was diagnosed with lumbar disc protrusions, lumbar radiculitis, bilateral ankles swelling, and bilateral ankle arthralgia. The provider requested authorization for topical Flurbiprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Flurbiprofen Cream: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Flurbiprofen is not recommended by MTUS guidelines. Therefore, topical Flurbiprofen cream is not medically necessary.