

Case Number:	CM14-0206680		
Date Assigned:	12/18/2014	Date of Injury:	10/26/2009
Decision Date:	02/11/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 62-year-old female presenting with a work-related injury on October 26, 2009. On November 24, 2014 the patient complained of me and low back pain. According to the medical records the patient only medication consisting of medicated cream which the patient reported as helpful. The medical records also noted that the patient is still driving a bus without difficulty. The back pain was described as aching and constant. The knee pain was described as bilateral 18. The pain was rated a four out of 10 with medications. The medications included bio freeze roll-on. The physical exam was significant for tender joint line at the bilateral knee, positive McMurray's as bilaterally, tender at lumbar spine, tender at facet joint, decreased flexion and decreased extension as well as decreased lateral bending. X-ray of the lumbar spine from December 5, 2014 was significant for multilevel degenerative disc changes seen in the lower thoracic spine and upper lumbar spine, grade 1 spondylolisthesis of L4 on L5 that does not appear to change in positioning with flexion and extension. The patient was diagnosed with lumbar go, low back pain, knee pain, leg pain joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 25% 60GMS, Capsaicin .0275%.07gms, Ultraderm base 179gms -09/29/14: 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: Retro Flurbiprofen 25% 60GMS, Capsaicin .0275%.07gms, Ultraderm base 179gms -09/29/14 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as Flurbiprofen, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The limitation of use was not specified in the medical records. Additionally, there was not documentation of a contraindication to oral NSAID or first line anti-depressant use; therefore compounded topical cream is not medically necessary.