

Case Number:	CM14-0209165		
Date Assigned:	12/22/2014	Date of Injury:	02/04/2009
Decision Date:	02/11/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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 Emergency 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:

Patient with reported date of injury on 2/4/2009. Mechanism of injury was not provided. Patient has a diagnosis of herniated nucleus pulposus, spondylosis, disc collapse at L5-1; spondylolisthesis L5-S1 and foraminal stenosis. Patient is post cervical spine surgery with decompression and fusion on 3/3/10. Medical reports reviewed. Last report available until 11/21/14. Patient complains of neck pain. Pain is 7/10 and radiates to arms with numbness and tingling. Patient also complains of low back pain radiating to L lower extremities. Current undergoing physical therapy. Objective exam reveals healed incision scar. Range of motion of neck is 50% of normal with pain. Negative Spurling's. Lumbar spine with sciatic notch tenderness on L side. Straight leg positive. Bowstring test is positive. Weakness of foot eversion on L side. Medications include Norco and flurbiprofen gel. Independent Medical Review is for Flurbiprofen 20% gel #120g. Prior Utilization Review on 11/14/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Gel 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: As per MTUS Chronic pain guidelines, topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful for certain pains but has no evidence for efficacy in spinal pain. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Patient has no documented objective improvement but is not recommended for the pains this patient has. Flurbiprofen is not medically necessary.