

Case Number:	CM14-0055840		
Date Assigned:	07/09/2014	Date of Injury:	10/30/2000
Decision Date:	04/22/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 30, 2000. In a Utilization Review Report dated April 8, 2014, the claims administrator failed to approve a request for flurbiprofen containing topical compounded cream. In RFA and prescriptions forms dated March 19, 2014, Naprosyn, Prilosec, and omeprazole were endorsed. In an associated progress note of the same date, March 19, 2014, the applicant reported ongoing complaints of low back and elbow pain. The applicant was status post lumbar fusion surgery and status post ulnar transposition surgery. The applicant's medications reportedly included Nucynta it was acknowledged. The applicant was placed off of work, on total temporary disability. The applicant was also placed off of work, on total temporary disability, on an earlier note dated January 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi-Cream LA 80 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: No, the request for flurbiprofen containing topical compounded cream was not medically necessary, medically appropriate, or indicated here. Flurbiprofen is a topical NSAID. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical NSAIDs are not recommended in the treatment of neuropathic pain, as there is no evidence to support their usage. Here, one of the applicant's operating diagnoses was, in fact, ulnar neuropathy, i.e., a neuropathic pain syndrome, for which topical flurbiprofen is not recommended. Similarly, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that there is little evidence to utilize topical NSAIDs for spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a widespread region that was likely not amenable to application of topical flurbiprofen. Furthermore, the applicant's usage of multiple first line oral pharmaceuticals, including Nucynta, Naprosyn, etc., effectively obviated the need for the topical compounded agent in question. Therefore, the request was not medically necessary.