

Case Number:	CM14-0065689		
Date Assigned:	09/18/2014	Date of Injury:	08/22/2011
Decision Date:	04/07/2015	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 29-year-old female who sustained an industrial injury on 08/22/2011. Diagnoses include lumbar spine sprain/strain, lumbosacral radiculitis on the right side, and gastropathy secondary to medication use. Treatment to date has included medications, modified work, physical therapy, home exercise program, and a previous injection. A physician progress note dated 04/18/2014 documents the injured worker complains of persistent back pain rated a 6 out of 10 and it is frequent and worsening radiating down to both buttocks, right greater than left. Anexsia is making her dizzy and will be stopped. On examination her lumbar spine revealed decreased range of motion. There was tenderness to the paraspinal muscles left greater than right. There was positive Kemp's sign bilaterally. There was positive straight leg raise at 60 degrees to the posterior thigh. Topical cream was ordered as she had a bad reaction to the Anexsia and because the non-steroidal anti-inflammatory medications are causing gastro-intestinal issues. Treatment requested is for Flurbiprofen 20%, Tramadol 20% topical 240gm. Topical medication is ordered as she finds it beneficial for pain management. On 04/28/2014 Utilization Review non-certified the request for Flurbiprofen 20%, Tramadol 20% topical 240gm and cited was California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Tramadol 20% Topical 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.