

Case Number:	CM15-0008931		
Date Assigned:	01/27/2015	Date of Injury:	06/14/2012
Decision Date:	03/23/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/15/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 sustained an industrial injury on June 14, 2012. She has reported low back pain with spasm and has been diagnosed with acute lumbar strain with underlying degenerative disc disease. Treatment to date has included medical imaging, physical therapy with some improvement, and medications. Currently the injured worker complains of low lumbar pain. The treatment plan included medications. A progress note on 1/14/15 indicated the claimant had been on Tizanidine, Tramadol and topical pain cream. Exam findings were notable for back pain radiating to the SI joint. On January 14, 2015 Utilization Review non certified retrospective use of Flurbiprofen powder/Diclofenac sodium powder and Flurbiprofen powder/Diclofenac sodium powder citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flurbiprofen powder/Diclofenac Sodium powder (dos: 5/16/14, 6/25/14, 9/10/14):

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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The powder requested contains topical NSAIDs. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant does not have osteoarthritis. The length of treatment was for several months. The request for Flurbiprofen powder/Diclofenac Sodium powder for the dates in question is not medically necessary.

Flurbiprofen powder/Diclofenac sodium powder: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The powder requested contains topical NSAIDs. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant does not have osteoarthritis. The length of topical NSAID powder was for several months. The request for Flurbiprofen powder/Diclofenac sodium powder for the dates in question is not medically necessary.