

Case Number:	CM15-0132548		
Date Assigned:	07/20/2015	Date of Injury:	03/31/2011
Decision Date:	08/17/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45 year-old male who sustained an industrial injury on 03/31/11. He reported cervical and thoracic injury. Initial diagnoses are not available. Current diagnoses included cervical herniated nucleus pulposus, cervical myofascial sprain-strain, lumbar myofascial sprain/strain, lumbar herniated nucleus pulposus, thoracic sprain/strain, low back syndrome, and cervicgia. Diagnostic testing and treatments to date have included radiographic imaging, physical therapy, and topical/oral anti-inflammatory medication management. Currently, the injured worker reports he continues to have intermittent aching/sharp pain in the neck, upper back and low back; the pain has remained the same since 11/2014, and he has not received any medical treatment for his neck and back since then. The pain affects his sleep and physical activities, and some of his symptoms are relieved with over-the-counter medication and rest. Physical examination is remarkable for minimal pain with range of motion of the cervical and lumbar spine. Current plan of care includes topical anti-inflammatory cream to decrease pain, inflammation, and decrease risk of side effects common with oral medications. Requested treatment is flurbiprofen 20%; compound cream 30 grams, and compound cream 120 grams. The injured worker's status is regular duties. Date of Utilization Review: 06/08/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%; compound cream 30 grams and compound cream 120 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Decision rationale: Regarding the request for flurbiprofen compound cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the aforementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested flurbiprofen compound cream is not medically necessary.