

Case Number:	CM15-0132633		
Date Assigned:	07/20/2015	Date of Injury:	02/03/2003
Decision Date:	08/19/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, 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:

This is a 53 year old male patient, who sustained an industrial injury on 2/03/2003. Diagnosis includes post laminectomy syndrome. Per the Primary Treating Physician's Progress Report dated 6/10/2015, he was 10 days post-op removal of bone growth stimulator (6/01/2015). The physical examination revealed tenderness to palpation the lower lumbar spine with reduced range of motion. Per the note dated 6/23/15, medications list includes glipizide, ibuprofen, lisinopril, metformin, nortriptyline, percocet, prilosec, simvastatin, topamax and zaleplon. He has undergone lumbar spine surgery in 2008 and 2010 and removal of bone growth stimulator on 6/1/2015. He has had cervical MRI; lumbar spine CT scan on 1/8/15 and 1/3/2013. He has had heat application and physical therapy. The plan of care included compound topical medications and authorization was requested for Flurbi (NAP) cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi (Nap) Cream: 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, pages 111-113.

Decision rationale: Flurbi (Nap) Cream Flurbiprofen is an NSAID. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, anti-depressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Topical NSAIDs: 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. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of anti-depressants and anti-convulsants have failed to relieve symptoms. Failure of anti-depressants and anti-convulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. Flurbiprofen is not recommended by the cited guidelines for topical use as cited above because of the absence of high grade scientific evidence to support effectiveness. The medical necessity of Flurbi (Nap) Cream is not fully established for this patient.