

Case Number:	CM15-0136582		
Date Assigned:	07/24/2015	Date of Injury:	04/02/2014
Decision Date:	09/17/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/15/2015

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: Connecticut, California, Virginia
 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 injured worker is a 36 year old male, who sustained an industrial injury on April 2, 2014. The injured worker was diagnosed as having lumbar spine sprain/strain, rule out lumbar spine sprain/strain, bilateral wrist sprain rule out internal derangement, bilateral ankle sprain, and rule out internal derangement of the ankle. Treatments and evaluations to date have included MRI, activity modification, lumbar support, physical therapy, and medication. Currently, the injured worker complains of frequent pain in the wrists traveling to his bilateral forearms with numbness and tingling, rated a 6-7 on a numeric rating scale of 0-10 with 0 being no pain and 10 being the most severe pain, constant lower back pain that travels to his right abdomen rated as 9-10 on the numeric pain scale, numbness and tingling in both legs and cramping sensation with pain radiating down into his abdomen and right testicle, constant ankle pain rated as 7 on the numeric rating scale, with difficulty falling asleep, and anxiety and depression. The Primary Treating Physician's report dated June 4, 2015, noted the injured worker reported his wrist and ankle pain was improving, and his low back pain was worsening. The injured worker reported his pain was reduced with rest and activity modification, and that receiving medication helped very little. The injured worker reported taking Ibuprofen, finding it helpful for pain relief. Physical examination was noted to show the injured worker with an antalgic gait favoring the left, unable to sit down due to the pain. The wrist examination was noted to show tenderness to palpation at both wrists, with minimal medial and lateral tenderness on both wrists. The lumbar spine examination was noted to show tenderness to palpation of the paraspinals at levels T1-S1, with exquisite spinal tenderness, muscle guarding, and spasms radiating to the right lower extremity. Tenderness to palpation was noted at the facet joints referring to the waistline,

iliac crest, and buttock, with exquisite tenderness at the S1 on the right, sciatic nerve, and right sciatic notch. Tenderness to palpation was noted at the medial and lateral ankles and feet. The injured worker received intramuscular injections of B12 and Toradol. The treatment plan was noted to include requests for x-rays of the lumbar spine and an open MRI of the lumbar spine, continued physical therapy, and a course of medications and transdermal analgesics for treatment of sequelae arising out of the injured worker's industrial injuries including Soma for muscle spasms, TGIce for pain, Flurbiprofen 20% for inflammation, and Norco for pain. The injured worker was placed on temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

TG Ice Flurbiprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Flurbiprofen has not been formally recommended as a topical ingredient by the MTUS and with no strong evidence to support use of this topical formulation, the request is not medically necessary.