

Case Number:	CM15-0164823		
Date Assigned:	09/02/2015	Date of Injury:	11/18/2013
Decision Date:	10/05/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/21/2015

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 is a 44 year old male who sustained an industrial injury on 11-18-13. Initial complaints and diagnoses are not available. Treatments to date include medications, a home inferential unit, chiropractic therapy, acupuncture, and therapeutic activity. Diagnostic studies include a MRI of the lumbar spine. Current complaints include low back pain, right lower extremity pain, and erectile dysfunction. Current diagnoses include lumbar spine strain and sprain with right lower extremity radiculopathy and erectile dysfunction and herniated disc at L4-5, right knee sprain and strain, and sleep disturbance. In a progress note dated 05-13-15, the treating provider reports the plan of care as medications including capsaicin cream, aquatic therapy, and a Functional Capacity Evaluation. The requested treatment includes Flurbiprofen (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-LA 180 gms: Upheld

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

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 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. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The Flurbiprofen is not medically necessary.