

Case Number:	CM15-0168464		
Date Assigned:	09/09/2015	Date of Injury:	01/17/2015
Decision Date:	10/07/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/26/2015

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 47-year-old male, who sustained an industrial injury on January 17, 2015. He reported a back injury. The injured worker was diagnosed as having possible lumbar discogenic pain, possible bilateral lumbar facet pain at L4-L5 (lumbar 4-lumbar 5), and possible lumbar sprain and strain. Medical records (April 2, 2015 to July 9, 2015) indicate ongoing axial mid-back back radiating to the low back pain with muscle spasms. His pain was rated 7 out of 10. The physical exam (April 2, 2015 to July 9, 2015) revealed continued midline tenderness extending from L4-S1 (lumbar 4-sacral 1), and bilateral lumbar facet tenderness at L4-L5 and L5-S1, right more than left. There were continued decreased and painful movements of the thoracic and lumbar spines, inability to toe and heel walk, and normal sensation, motor, and reflexes. Treatment has included acupuncture, chiropractic therapy, physical therapy, a home exercise program, and medications including short-acting and long-acting oral pain, topical pain (Flurlido-A and Ultraflex-G since at least April 2015), muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. On July 9, 2015, the requested treatments included Flurlido-A and Ultraflex-G. On August 17, 2015, the original utilization review non-certified requests for Flurlido-A and Ultraflex-G.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurlido-A: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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. 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the claimant was provided other topical analgesics. The claimant did not have the above diagnoses to support the use of topical Flurlido A. The claimant was also on oral analgesics. The continued and chronic use of Flurlido is not medically necessary.

Ultraflex-G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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. Topical muscle relaxants such as Cyclobenzaprine topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. Since the compound above contains these topical medications, the compound in question is not medically necessary. The Ultraflex G contains both Cyclobenzaprine and Gabapentin. In this case, the claimant was provided other topical analgesics. The claimant did not have the above diagnoses to support the use of topical Ultraflex G. Continued and chronic use of Ultraflex-G is not medically necessary.

