

Case Number:	CM15-0187963		
Date Assigned:	09/29/2015	Date of Injury:	05/20/2014
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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: North Carolina

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 48 year old female who sustained an industrial injury on May 20, 2014. A recent primary treating re-evaluation dated August 20, 2015 reported subjective chief complaint of "constant axial type of low back pain on an off radiating up to mid back and neck status post work injury." She is presently complaining of "constant low back pain on and off radiating up to mid back and neck." She is also "noticing some tingling, numbness, weakness and cramping" involving both lower extremities that started July 2014. She states "that her back pain also started radiating up to neck from July 23, 2014." Current medication regimen consisted of: Ibuprofen, Prilosec, Flexeril, and Norco. There is discussion regarding Ultram not being beneficial and noted discontinued April 10, 2015; Norco also offered no benefit and was discontinued on July 09, 2015. There is note of difficulty obtaining medications. She takes Prilosec for complaint of gastric upset with medications. She was taking Ultracin which "she found beneficial" but it was denied and she was switched to Flurlido-A and Ultraflex-G compound topical agents and did not require refills at follow up August 20, 2015. Previous treatment consisted of: activity modification, oral medications, topical compound creams, physical therapy session, home exercises, acupuncture, and psychiatric care. The impression found the worker with " possible lumbar discogenic pain; possible bilateral lumbar facet pain; possible lumbar sprain and strain; cervical and thoracic referred pain from lumbar spine, and stress syndrome, anxiety, depression, stress irritability, headache, insomnia, and sexual dysfunction. The plan of care noted involving continuing current medications to include: Prilosec, Flexeril, Norco, and Ibuprofen with recommendation to slowly discontinue Flexeril or

use as needed. She is also recommended to undergo diagnostic bilateral L3-5 facet medial nerve block. At primary follow up April 10, 2015 her chief complaint noted: "constant axial type of low back pain on and off radiating up to mid back and neck status post work injury." Current medications showed: ibuprofen, Flexeril, and Norco. The plan of care is noted identical to the August follow up. May 07, 2015 primary follow up discussed the switch of topical compound creams to Flurlido-A and Ultraflex-G with request for refill noted May 07, 2015. On August 18, 2015 a request was made for Flurlido-A that was noncertified by Utilization review on August 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurlido-A (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%): 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: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists," agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (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. The requested medication contains ingredients(Amitriptyline), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.