

Case Number:	CM15-0191303		
Date Assigned:	10/05/2015	Date of Injury:	10/10/2001
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 40-year-old male who sustained an industrial injury on 10-10-2001. Diagnoses have included lumbago, lumbar sprain, lumbosacral sprain, muscle spasm, chronic intractable lumbar pain and lumbar radiculopathy. The note of 9-9-2015 discusses the injured worker's medication treatment as helping him meet functional goals with occasional exacerbations. He has been attempting to taper his Norco since 10-13-2014, but this was slowed down due to "inadequate pain control." Flurbiprofen cream is stated to be used to help the injured worker taper his Norco, and also to help decrease use of NSAIDs which are noted to have caused stomach problems in the past. The starting date of Flurbiprofen is not provided. He also uses Lidocaine patches for allodynia and dysesthesia pain, has used Terocin patches and Flexeril. In the 8-10-2015 note it states he was started on Lidoderm patches. He had been on Cymbalta but this was discontinued due to side effects. Other treatments noted include a microdiscectomy in 2007, and an epidural 8-14-2014 which is noted as helpful. The injured worker continues to present with pain stated to range between 5-7 out of 10, and is constant during exacerbations. He characterizes it as numb, dull, achy, and "like a bruised feeling." It becomes worse with bending to the left, and he cannot lay on his left side. He continues working, but his activity decreases with pain. The treating physician's plan of care includes a refill of Flurbiprofen, but this was denied on 9-17-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% #2: 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 request was for a compound that contains medication from the non-steroidal anti-inflammatory drug (NSAID) (flurbiprofen) class. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. There was no discussion detailing special circumstances that would support the use of this compound product in this setting. In the absence of such evidence, the current request for two unspecified units of a compound containing 20% flurbiprofen is not medically necessary.