

Case Number:	CM15-0197324		
Date Assigned:	10/12/2015	Date of Injury:	09/09/2003
Decision Date:	11/23/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/07/2015

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: California
 Certification(s)/Specialty: Emergency 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 59 year old male, who sustained an industrial injury on September 9, 2003, incurring low back and scrotum injuries. He was diagnosed with scrotal crush injury, displacement of a lumbar disc, thoracic neuritis, lumbosacral neuritis, lumbar facet joint hypertrophy. Treatment included pain medications, anti-inflammatory drugs, proton pump inhibitor, topical analgesic cream, scrotal surgery and work modifications and activity restrictions. Currently, the injured worker complained of constant aching pain in the low back radiating into the lower extremities and into the feet. He rated the low back pain 5 out of 10 on a pain scale from 0 to 10. The pain was aggravated with lifting, bending, twisting, stooping, prolonged sitting and standing. He had difficulty sleeping at night secondary to the chronic pain. He complained of constant moderate bilateral testicle pain rated 9 out of 10. He had difficulty with sexual relations and increased pain due to a testicle biopsy. He noted difficulty with activities of daily living secondary to persistent low back pain. The treatment plan that was requested for authorization on October 7, 2015, included retrospective prescriptions for Flurbiprofen 25% topical cream in 30 gm, in 20 gm, and in 180 gm. On September 25, 2015, a request for prescriptions for topical compound cream was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flurbiprofen 25% topical cream in 30gm: Upheld

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

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

Decision rationale: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It has no benefit in back pain. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Patient is using this chronically for unknown reason. Flurbiprofen is not medically necessary.

Retro Flurbiprofen 25% topical cream in 20gm: Upheld

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

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

Decision rationale: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It has no benefit in back pain. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Patient is using this chronically for unknown reason. Flurbiprofen is not medically necessary.

Retro Flurbiprofen 25% topical cream in 180gm: Upheld

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

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

Decision rationale: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It has no benefit in back pain. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Patient is using this chronically for unknown reason. Flurbiprofen is not medically necessary.