

Case Number:	CM15-0198469		
Date Assigned:	10/13/2015	Date of Injury:	06/16/2001
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/08/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old male, who sustained an industrial-work injury on 6-16-01. He reported initial complaints of lumbar, sacroiliac, left knee, right wrist pain. The injured worker was diagnosed as having right cubital tunnel syndrome, displacement of lumbar intervertebral disc without myelopathy, internal derangement of the left knee, gastroesophageal reflux, and insomnia. Treatment to date has included medication, surgeries (left knee surgeries, left elbow) physical therapy, and diagnostics. Currently, the injured worker complains of lumbar, sacroiliac, left knee, right wrist pain rated 6 out of 10. There was numbness and tingling at the left anterior knee, shin, ankle, and foot. Per the primary physician's progress report (PR-2) on 7-23-15, exam noted positive Tinel's at the wrist over the median nerve causing radiating pain to the thumb and index fingers, slight diminished range of motion of the left knee with weakness of the left quadriceps muscle. Current plan of care includes pain management specialist and topical compound. The Request for Authorization requested service to include Flurbiprofen 20%, Tramadol 20% in 180 grams. The Utilization Review on 9-18-15 denied the request for Flurbiprofen 20%, Tramadol 20% in 180 grams, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Tramadol 20% in 180 grams: 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: The patient presents with lumbar, left sacroiliac, left buttock, left posterior leg, left pelvic, left posterior knee, left calf, left ankle, left foot, left anterior leg, left shin, left anterior knee, right posterior leg, right posterior knee and right calf pain with numbness and tingling 90% of the time. The current request is for the compound cream Flurbiprofen 20%, Tramadol 20% in 180 grams. The treating physician states on 1/26/15 (49B) "The patient was prescribed FCL (Flurbiprofen 20%/Tramadol 20% in 180 grams), to be applied to the affected area to reduce pain, increase function and mobility and decrease the need of additional oral medications." MTUS guidelines are specific that topical NSAIDS are for, "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip or shoulder." Additionally, MTUS guidelines on topical analgesics state the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not support the usage of Flurbiprofen cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. Additionally, the MTUS guidelines for Tramadol usage require following Opioid usage protocols that are not documented in the records available for review. In this case, there is no support of this request in the records provided or the MTUS guidelines. Therefore, the current request is not medically necessary.