MAXIMUS Federal Services

Case Number:	CM15-0207833		
Date Assigned:	10/26/2015	Date of Injury:	09/26/2008
Decision Date:	12/07/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/22/2015

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, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old, male who sustained a work related injury on 9-26-08. A review of the medical records shows he is being treated for left knee, leg pain and low back pain. In the progress notes dated 6-18-15 and 7-9-15, the injured worker reports having pain and stiffness in left knee and left leg. He reports increased pain in left knee and left shoulder. He reports continued left calf pain, worse after work. He is having more "shooting" pain. He rates his pain level a 3 out of 10. He reports pain medications are "helping." He is able to "function with meds." On physical exam dated 7-9-15, he has pain with lateral bending. He has tenderness and spasms of the L3-5 paraspinous muscles. Left sacroiliac joint is tender. He has decreased lumbar range of motion. He has weakness in left foot. Treatments have included a lumbar epidural steroid injection, home exercises and medications. Current medications include Naproxen, Tramadol, Neurontin, Prilosec, Lidocaine patches and Flurbiprofen cream. He is working. The treatment plan includes requesting medication refills. In the Utilization Review dated 10-21, the requested treatments of Flurbiprofen cream #2 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen cream #2: 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): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as lyrica or neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Flurbiprofen is not recommended as a compounded agent as it can be safely taken orally. MTUS guidelines state that topical NSAIDs, "the efficacy in clinical trial for this treatment has been inconsistent and most studies are small... have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but not afterward". Consequently continued use of the above listed compounded agent is not supported at this time.