

Case Number:	CM15-0023342		
Date Assigned:	02/12/2015	Date of Injury:	01/12/2013
Decision Date:	03/26/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 31 year old male, who sustained an industrial injury, January 12, 2013. According to progress note of the injured workers chief complaint was neck and upper and lower back pain. The injured worker rates the pain at 2-3 out of 10; 0 being no pain and 10 being the worse pain. The pain without pain medication was 6 out of 10. The injured worker was diagnosed with lumbar disc protrusion at L5-S1, lumbago, lumbar radiculopathy, cervical sprain/strain, thoracic strain/sprain, idiopathic peripheral autonomic neuropathy and unspecified disorder of the autonomic nervous system. The injured worker previously received the following treatments, random toxicology laboratory studies, epidural injections to the lumbar spine at L5-S1 level, topical analgesics, home exercise program, Tramadol and Naproxen for pain. On January 8, 2015, the primary treating physician requested authorization for Flurbi Cream LA (Flurbiprofen 20%, Lidocaine 5, Amitriptyline%, 80grams) for idiopathic peripheral autonomic neuropathy pain. On January 21, 2015, the Utilization Review denied authorization for Flurbi Cream LA (Flurbiprofen 20%, Lidocaine 5, Amitriptyline%, 80grams). The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi Cream LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%) 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Non-steroidal antiinflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: Flurb cream is a compounded medication containing Flurbiprofen, Lidocaine, and amitriptyline. Many agents are compounded as monotherapy or in combination for pain control, opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, gaba agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested medication was not medically necessary.