

Case Number:	CM15-0024578		
Date Assigned:	02/17/2015	Date of Injury:	04/09/2010
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old male, who sustained an industrial injury on 4/9/10. He has reported neck, back and right knee. The diagnoses have included cervical radiculopathy, cervical spine status post-surgery x2, lumbar radiculopathy, lumbar disc protrusion, right knee chondromalacia patella, umbilical hernia and sexual dysfunction. Treatment to date has included spinal surgery and oral and topical medications. Currently, the injured worker complains of neck pain radiating to upper extremities, constant low back pain radiating to lower extremities and constant right knee pain. Physical exam noted decreased range of motion of cervical area. On 1/22/15 Utilization Review non-certified Flubi (NAP) Cream LA 180 Gms: Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 4%, noting the medical necessity has not been fully substantiated. The MTUS, ACOEM Guidelines, was cited. On 2/9/15, the injured worker submitted an application for IMR for review of Flubi (NAP) Cream LA 180 Gms: Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 4%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubi (NAP) Cream-LA 180gms: Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 4%:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Therefore, Flubi (NAP) Cream-LA 180gms: Flubiprofen 20%-Lidocaine 5%-Amitriptyline 4% is not medically necessary.