

Case Number:	CM15-0026215		
Date Assigned:	02/18/2015	Date of Injury:	03/01/2002
Decision Date:	03/27/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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: 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 59 year old female, who sustained an industrial injury on 3/1/02. She has reported back and knee injury after lifting. The diagnoses have included lumbosacral neuritis, spondylolisthesis, lumbar spinal stenosis, lumbar sprain, neuralgia and sacroiliac sprain. Treatment to date has included medications, diagnostics, physical therapy, conservative measures and surgery. She also had a right knee injection. Surgery included decompressive laminectomy and fusion in 2013. Currently, the injured worker complains of back and right knee pain. She feels that she has not improved with conservative measures and is doing physical therapy. There was physical therapy sessions noted. The current medications were Prilosec, Hydrocodone, Gabapentin, Naproxen and Hydrochlorothiazide. The Computed Tomography (CT) scan of the lumbar spine dated 12/2/14 revealed degenerative changes in the lumbar spine, loss of disc height, disc bulge, spurs, osteoarthritis of the facet joints, and foraminal protrusion. Magnetic Resonance Imaging (MRI) of the right knee dated 5/28/14 revealed degenerative changes, slight signal alteration secondary to partial tear or sprain, and slight degenerative type signal in posterior horn of the medial meniscus. Physical exam revealed symptoms unchanged. The right knee patellofemoral syndrome with mild degenerative changes in the meniscus. She seems to be tolerating her symptoms well. She has had recent spine surgery so is not interested in any intervention at this time. On 2/4/15 Utilization Review non-certified a request for Retrospective reviews for date of service (DOS) 06/11/14 for Flub/Diclofenac Compound Cream 120gms, noting the evidence based guideline does not indicate the efficacy of compounded

preparations. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for date of service (DOS) 06/11/14 for Llurb/Diclofenac Compound Cream 120gms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 111-113.
Decision based on Non-MTUS Citation Official Disability Guidelines, Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines are very specific in stating that only FDA approved medications for topical use are recommended and if a compound contains ingrediants that are not FDA or Guideline supported, that compound is not recommended. The Flubi/Diclofenac ingredients are specifically noted in Guidelines to be non supported. There are alternative FDA approved topical products available if a topical NSAID is appropriate to use. The Flubi/Diclofenac Compound Cream 120mg. is not supported by Guidelines and is not medically necessary.