

Case Number:	CM15-0031553		
Date Assigned:	02/24/2015	Date of Injury:	04/09/2014
Decision Date:	04/08/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for neck pain, low back pain, and posttraumatic headaches reportedly associated with an industrial motor vehicle accident (MVA) of April 9, 2014. In a Utilization Review Report dated January 21, 2015, the claims administrator failed to approve a request for a topical compounded drug. The claims administrator referenced a December 1, 2014 progress note in the determination. The applicant's attorney subsequently appealed. In a February 11, 2015 prescription form, Zanaflex, Neurontin, Naprosyn, and tramadol were endorsed. The applicant was placed off of work, on total temporary disability. The attending provider did state that he was furnishing the applicant with an unspecified topical compounded cream. Large portions of progress note were difficult to follow and not altogether legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurido-A (Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 78, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the request for the topical compounded flurbiprofen/lidocaine-amitriptyline cream was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as flurbiprofen are reserved for the treatment of the elbow, knee, and/or other joints which are amenable to topical treatment. Page 112 of the MTUS Chronic Pain Treatment Medical Guidelines further notes that there is little evidence to support use of topical NSAIDs for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generators are, in fact, the lumbar spine and cervical spine, i.e., large, widespread regions which are not necessarily amenable to topical application. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Naprosyn, tramadol, etc., effectively obviated the need for the flurbiprofen-containing compound at issue. Since one component in the amalgam is not recommended, the entire amalgam is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.