

Case Number:	CM15-0036539		
Date Assigned:	03/05/2015	Date of Injury:	05/13/2011
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/26/2015

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: Physical Medicine & Rehabilitation

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 26-year-old male, with a reported date of injury of 05/13/2011. The diagnoses include right femur fracture, herniated disc at L5-S1, and central canal stenosis/narrowing on left side. Treatments have included oral pain medication. The medical report dated 11/26/2014 indicates that the injured worker had low back pain. The pain was rated 6-9 out of 10. The objective findings included increased spasms, rare shooting pain in the right leg at times, lumbar extension at 20% and lumbar flexion at 30% due to pain, positive right straight leg raise, and the left leg raise caused lower back pain. The treating physician requested Flurbiprofen powder, Diclofenac sodium powder, and Ultraderm base cream. The rationale for the request was not indicated. On 02/18/2015, Utilization Review (UR) denied the request for Flurbiprofen powder, Diclofenac sodium powder, and Ultraderm base cream, noting that the compounded products are not supported by evidence based guidelines, and many of the components of the product do not have evidence of effectiveness when used as topical formulations. The non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen powder Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory Medications for chronic pain Page(s): 22, 60, 68.

Decision rationale: This patient presents with lumbar spine pain. The physician is requesting FLURBIPROFEN POWDER QUANTITY ONE. The RFA was not made available for review. The patient's date of injury is from 05/13/2011 and his current work status was not made available. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Furthermore, MTUS page 68 on NSAIDs for chronic low back pain states, recommended as an option for short term symptomatic relief. Cochrane review of the literature on drug relief for low back pain -LBP- suggested that NSAIDs are no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The records do not show a history of Flubiprofen use. The report making the request was not made available. The 11/26/2014 report shows that the patient had an injection approximately seven months ago which helped for a few months significantly. He continues to have spasms and lumbar spine pain rarely having shooting pain down the right leg. Straight leg raise is positive on the right and left leg raise causes lower back pain. The patient has a history of GERD. There is no discussion as to why this powder is being requested. While MTUS guidelines support the use of NSAIDs as a first-line treatment to reduce pain and inflammation, Labor code 4610.52 definition of medical necessity. "Medically necessary" and "medical necessity" meaning medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury. In this case, the medical necessity of Flurbiprofen powder has not been established. The request IS NOT medically necessary.

Diclofenac sodium powder Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory Medications for chronic pain Page(s): 22, 60, 68.

Decision rationale: This patient presents with lumbar spine pain. The physician is requesting DICLOFENAC SODIUM POWDER QUANTITY ONE. The RFA was not made available for review. The patient's date of injury is from 05/13/2011 and his current work status was not made available. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when

medications are used for chronic pain. Furthermore, MTUS page 68 on NSAIDs for chronic low back pain states, recommended as an option for short term symptomatic relief. Cochrane review of the literature on drug relief for low back pain -LBP- suggested that NSAIDs are no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The records do not show a history of Diclofenac use. The report making the request was not made available. The 11/26/2014 report shows that the patient had an injection approximately seven months ago which helped for a few months significantly. He continues to have spasms and lumbar spine pain rarely having shooting pain down the right leg. Straight leg raise is positive on the right and left leg raise causes lower back pain. The patient has a history of GERD. There is no discussion as to why this powder is being requested. While MTUS guidelines support the use of NSAIDs as a first-line treatment to reduce pain and inflammation, Labor code 4610.52 definition of medical necessity. "Medically necessary" and "medical necessity" meaning medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury. In this case, the medical necessity of Flurbiprofen powder has not been established. The request IS NOT medically necessary.

Ultraderm base cream Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com Ultraderm.

Decision rationale: This patient presents with lumbar spine pain. The physician is requesting ULTRADERM CREAM QUANTITY ONE. The RFA was not made available for review. The patient's date of injury is from 05/13/2011 and his current work status was not made available. The MTUS, ACOEM and ODG Guidelines do not address this request. The www.drugs.com website on Ultraderm states that, emollients are substances that moisten and soften your skin. Topical emollients are used to treat or prevent dry skin. It is also used to treat acne, chapped lips, diaper rash, cold sores, or other minor skin irritations. The records do not show a history of Ultraderm cream use. The report making the request was not made available. There is no discussion as to why Ultraderm cream is being prescribed to this patient, Labor code 4610.52 definition of medical necessity. "Medically necessary" and "medical necessity" meaning medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury. In this case, the medical necessity of Ultraderm has not been established. The request IS NOT medically necessary.