

Case Number:	CM15-0042015		
Date Assigned:	03/12/2015	Date of Injury:	11/29/2012
Decision Date:	04/22/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/05/2015

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, Hawaii
 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 37 year old male, who sustained an industrial injury on November 29, 2012. The injured worker had reported neck, back and shoulder pain. The diagnoses have included cervical disc with myelopathy, sprain/strain of sacroiliac joints and lumbar disc with myelopathy. Treatment to date has included medications, radiological studies, electrodiagnostic studies, chiropractic care, heat treatment and a home exercise program. Current documentation dated December 4, 2014 notes that the injured worker complained of persistent neck and low back pain. Physical examination of the cervical and lumbar spine revealed tenderness and a decreased range of motion. No motor deficits of the upper or lower extremities were noted. The treating physician's recommended plan of care included Flurbuprofen 25% (grams) # 15 and Ultraderm Base (grams) # 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, (gms) QTY: 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with cervical and lumbar spine pain. The current request is for Flurbiprofen 25%, (gms) QTY: 15. The treating physician states, patient rates his pain as 3-4/10 at rest, increasing to 4-5/10 with ADL's. His NSAID and analgesic reduce his pain to 1-2/10. (B.27) There is no further discussion of the current request. The MTUS guidelines do not support the usage of Flurbiprofen 20% cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. In this case, the patient has been diagnosed with Cervical Disc with Myelopathy, sprain of the S/I joints, and lumbar disc with myelopathy. The guidelines do not support the current request for use on the spine. With the patient's diagnoses, presentation of back pain and lack of documentation stating otherwise, the current request appears to be intended for treatment of the spine. The current request is not medically necessary and the recommendation is for denial.

Ultraderm base (gms) QTY: 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

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

Decision rationale: The patient presents with cervical and lumbar spine pain. The current request is for Ultraderm base (gms) QTY: 45. Ultra Derm cream is an over the counter topical emollient. The medical file provided for review does not provide any discussion regarding why this topical cream is being prescribed. Topical emollients are used to treat or prevent dry skin. The treating physician states, patient rates his pain as 3-4/10 at rest, increasing to 4-5/10 with ADL's. His NSAID and analgesic reduce his pain to 1-2/10. (B.27) There is no further discussion of the current request. The MTUS guidelines regarding topical analgesics and compounded topical agents state, there is little to no research to support the use of many of these agents. The ACOEM Guidelines has the following regarding evidence-based medicine on page 491, Evidence-based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients. The medical guidelines do not provide any discussion regarding the application of topical emollients to treat any medical condition, especially for treatment of cervical disc with myelopathy, sprain of the S/I joints, and lumbar disc with myelopathy. The current request is not medically necessary and the recommendation is for denial.

