

Case Number:	CM15-0044212		
Date Assigned:	03/16/2015	Date of Injury:	10/04/1999
Decision Date:	04/16/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained an industrial injury on 10/04/1999. He reported an acute onset of lumbar pain which radiated to his right lower extremity. The injured worker is currently diagnosed as having post-laminectomy syndrome, lumbar disc disease, and lumbar radiculitis. Treatment to date has included physical therapy, home exercise program, cortisone injection, acupuncture, Transcutaneous Electrical Nerve Stimulation Unit, MRI of the lumbar spine, electromyography, and medications. In a progress note dated 02/15/2015, the injured worker presented with complaints of moderate frequent low back pain. The treating physician reported the injured workers condition is unimproved and will continue with the same medications which include Xanax, Anaprox, Prilosec, and Flurbi Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi (NAP) cream 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: Flurbicream contains a topical NSAID, lidocaine and anti-epileptic. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, there is no evidence for use of any other antiepilepsy drug as a topical product. Based on the above, since Flurbi Cream contains an anti-epileptic, it is not medically necessary.