

Case Number:	CM15-0050396		
Date Assigned:	03/23/2015	Date of Injury:	06/22/2005
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on 6/22/2005. She reported a fall off a high chair onto the right side with pain in the hip and low back. Diagnoses include lumbar disc herniation status post lumbar fusion 2012, status post L5-S1 replacement and fusion, right knee chondromalacia of patella and slight impaired gait secondary to right knee and lower back pathology. She is status post right shoulder surgery in 2010 and left shoulder surgery in 2014. Treatments to date include anti-inflammatory and physical therapy. Currently, they complained of low back pain with radiation into the buttocks relieved with heat and medication. On 1/27/15, the provider documented objective findings including positive straight leg raise test with significant muscle spasms and tenderness to lumbar spine. The plan of care included a referral to a spine surgeon and topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen and Lidocaine cream 20%/5%, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for radiating low back pain. Treatments have included lumbar and bilateral shoulder surgeries. Topical lidocaine can be recommended for localized peripheral pain. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. In this case, there is no evidence of a trial of topical Diclofenac. In addition, by prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this request is not medically necessary.