

Case Number:	CM15-0050904		
Date Assigned:	03/24/2015	Date of Injury:	11/15/2011
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 65 year old male, who sustained an industrial injury on 11/15/11. He reported low back pain with radiation to bilateral lower extremities right greater than left. Numbness and tingling was also noted in bilateral lower extremities. The injured worker was diagnosed as having failed back surgery syndrome, chronic pain syndrome, anxiety, depression, status post anterior lumbar interbody fusion at L3-4 on the right on 11/13/12 with excellent relief of back and lower extremity pain, status post transforaminal lumbar interbody fusion at L3-4 on 2/25/13 with residual severe low back pain, facet arthropathy from L1-4, fusion from L3-S1 with mild bony central canal stenosis at L4-5, mild bony neural foraminal stenosis from L4-S1, chronic low back pain, and neuropathic pain in bilateral lower extremities. Treatment to date has included physical therapy, a home exercise program, and opiate medications. Currently, the injured worker complains of low back and right foot/ankle pain. The treating physician requested authorization for Flurbiprofen 20% gel 120g. A physician's report dated 2/11/15 noted adjunctive treatment was recommended to reduce the total amount of oral medications required.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Gel 120gm: Upheld

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

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

Decision rationale: This 65 year old male has complained of low back pain and right foot pain since date of injury 11/15/11. He has been treated with lumbar spine surgery, physical therapy and medications. The current request is for Flurbiprofen 20% gel 120 gm. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen 20% gel 120 gm is not indicated as medically necessary.