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| Case Number: | CM15-0052684 | | |
| Date Assigned: | 03/26/2015 | Date of Injury: | 07/04/2012 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/10/2015 |
| Priority: | Standard | Application Received: | 03/19/2015 |

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: Pennsylvania
 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(n) 27 year old male, who sustained an industrial injury on 7/4/12. He reported pain in his lumbar spine, right hip and right ankle/foot. The injured worker was diagnosed as having lumbar sprain with right-sided radiculitis, right hip pain and right heel pain. Treatment to date has included a lumbar MRI, cervical MRI, chiropractic treatments and pain medications. As of the PR2 dated 10/30/14, the injured worker reports a constant dull pain in the lumbar spine associated with radiation of pain, numbness and weakness. The treating physician noted limited range of motion in the lumbar spine. The treating physician requested Fluriprofen 20%/Tramadol 20% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriprofen 20%/Tramadol 20%, unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Topical Analgesics; Non-steroidal antiinflammatory agents (NSAIDs), Indications.

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

Decision rationale: Topical NSAID's such as Flubiprofen are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use of 4-12 weeks. It is not clear from the record where it is intended for the topical cream to be applied and therefore a determination regarding Flubiprofen cannot be made. Furthermore, this worker is already taking another NSAID, naproxen. Topical tramadol is not discussed either in the MTUS or ODG. Topical tramadol is experimental in the medical literature without any clear indication for its use. This worker is also taking Norco and there is no indication of why he needs prescription of both opioids. Furthermore, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The record does not indicate that this worker has neuropathic pain and if so, there is no indication of a trial of antidepressants or anticonvulsants.