

Case Number:	CM15-0053958		
Date Assigned:	03/27/2015	Date of Injury:	05/05/2011
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 year old female, who sustained an industrial injury on May 5, 2011. The injured worker was diagnosed as having lumbar disc protrusion and lumbar radiculopathy. Treatment to date has included x-rays, MRI, urine drug screening, work modifications, pain and muscle relaxant medications, chiropractic therapy, physical therapy, and a cane for walking. On December 10, 2014, the injured worker complains of moderate, dull low back pain with numbness and tingling radiating into the left lower extremity with numbness that is associated with movement. The physical exam revealed normal deep tendon reflexes, 1+ TP lumbar 1-lumbar 5, decreased range of motion, tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles, and positive straight leg raise. The treatment plan includes a topical compound analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen compound cream 210gm: 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): 111-113 of 127.

Decision rationale: MTUS recommends short-term (4-12 weeks) only of topical NSAIDs for treatment of osteoarthritis for the knee, elbow, or other joints that are amenable to topical treatment. MTUS notes that there is little evidence to support topical NSAIDs for treatment of the spine and no evidence to support topical NSAIDs for treatment of neuropathic pain. Although, per AME report claimant has a remote history of gastritis, it appears that she has tolerated subsequent courses of oral NSAIDs including Arthrotec, Celebrex, Vioxx, and naproxen. No functional improvement is documented with previous use of compounded topical NSAID. Based upon the submitted documentation and MTUS recommendations, medical necessity is not established for the requested compounded topical flurbiprofen cream. Therefore, the requested treatment is not medically necessary.