

Case Number:	CM15-0056985		
Date Assigned:	04/01/2015	Date of Injury:	07/31/2013
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/25/2015

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 55-year-old male who sustained an industrial injury on 07/31/13. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, medications, and an injection into the left shoulder. Diagnostic studies include a MRI of the left shoulder and lumbar spine. Current complaints include left shoulder, left wrist, and low back pain. In an AME evaluation, the evaluator reports the plan of care as physical therapy, anti-inflammatory medications, lumbar epidural steroid injections, a limited left wrist fusion, steroid injections to the left wrist, and theraband exercises for he left shoulder. The requested treatment is tramadol/flurbirpofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Tramadol 20%, 180gm: Upheld

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

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

Decision rationale: 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. Topical muscle NSAIDS such as Flurbiprofen may be used for osteoarthritis but have diminishing effects after 2 weeks. Topical Tramadol lacks clinical evidence to support its use. The claimant was not diagnosed with arthritis. The Flubiprofen/Tramadol cream is not medically necessary.