

Case Number:	CM15-0059426		
Date Assigned:	04/03/2015	Date of Injury:	08/23/2013
Decision Date:	05/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 was a 43 year old female, who sustained an industrial injury on August 23, 2013. The injured worker previously received the following treatments: Naproxen, Gabapentin and Flurbiprofen compound creams and Tramadol. The injured worker was diagnosed with lumbar disc displacement, lumbar impingement syndrome, status post-surgery lumbar spine, thoracic or lumbosacral neuritis or radiculopathy, injury to lumbar spine nerve root, right shoulder impingement syndrome, status post left shoulder surgery and status operative repair shoulder. According to progress note of October 8, 2014, the injured workers chief complaint was constant sharp left shoulder pain rated at 7 out of 10; 0 being no pain and 10 being the worse pain. The injured worker had cervical spine pain with radiation to the fingers. The lumbar spine pain was constant sharp pain rated at 9 out of 10, with numbness, tingling and weakness in the bilateral arms. The physical exam noted was unable to read the physician's note. The injured worker had other complains of headaches, dizziness, depression and difficulty sleeping due to pain. The treatment plan included prescription renewal for a compound medication Flurbiprofen topical cream on October 10, 2014. The medications listed are Naproxen, Tramadol ER, topical cream containing Flurbiprofen 20% / Baclofen 5% / Dexamethsone 2% / Menthol 2% / Camphor 2% / Capsaicin 0.025%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend the topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show that the patient failed treatment with first line medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. There is lack of guidelines or FDA support for the use of topical formulation of baclofen, menthol, dexamethazone or camphor in the treatment of chronic musculoskeletal pain. The use of multiple NSAIDs in oral and topical formulation is associated with increased risk of NSAIDs induced adverse effects. The criteria for the use of topical cream containing Flurbiprofen 20%/ Baclofen 5% / menthol 2% / camphor 2%/ dexamethazone 2% / capsaicin 0.025% 210gm was not met.