

Case Number:	CM15-0088186		
Date Assigned:	05/12/2015	Date of Injury:	11/28/2014
Decision Date:	06/18/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/07/2015

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: 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 48-year-old male, who sustained an industrial injury on November 28, 2014 while working as a handyman and painter. The mechanism of injury was fall from a ladder. The injured worker has been treated for left foot, neck and lumbar spine complaints. The diagnoses have included cervical sprain/strain, lumbar spine sprain/strain, left foot navicular bone fracture with residuals and a painful gait. Treatment to date has included medications, radiological studies, function capacity evaluation, air-cast and chiropractic treatments. Current documentation dated April 3, 2015 notes that the injured worker reported neck pain with radiation to the shoulders and low back pain, which radiated to the bilateral lower extremities with associated numbness and tingling. Objective findings included tenderness of the cervical and lumbar spine bilaterally. A straight leg raise test was positive bilaterally. The injured worker was noted to be in mild distress and walked with an antalgic gait. Sensation was noted to be decreased in the left lumbar four-sacral one dermatomes. The treating physician's plan of care included a request for the topical analgesic Flurbuprofen/Capsaicin/ Menthol cream with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cap/Menthol topical cream with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back-lumbar and thoracic (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, at this time, the only available FDA-approved topical NSAID is diclofenac. The request for Flurbiprofen/Cap/Menthol topical cream with 1 refill is not medically necessary and appropriate.