

Case Number:	CM13-0037412		
Date Assigned:	12/13/2013	Date of Injury:	03/04/2013
Decision Date:	01/27/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular, Electordiagnostic Medicine, Internal Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 47 year old woman who sustained a work related injury on 02/22/2013. She also reported severe lumbar pain and bilateral hand swelling. The patient was treated with Tylenol and physical therapy with some benefit. Her physical examination showed tenderness in the paraspinal muscles, lumbar facet test is positive bilaterally, slump test is positive bilaterally, and straight leg raising test is positive. Neurological examination showed muscle weakness in proximal lower extremities, ankle reflexes were abnormal. Her MRI of the lumbosacral spine showed posterior annular tear. The provider is requesting authorization to approve the use of the compound flurbiprofen, tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen, tramadol #240g: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Flurbiprofen and tramadol are not approved for transdermal use. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the compound flurbiprofen and tramadol is not medically necessary.