

Case Number:	CM14-0152187		
Date Assigned:	09/19/2014	Date of Injury:	10/08/2013
Decision Date:	10/20/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/13/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology 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 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/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:

Patient is a 26-year-old male who has submitted a claim for left shoulder subacromial bursitis, herniated nucleus pulposus of the lumbar spine and cervical spine, and thoracic spine sprain/strain associated with an industrial injury date of 10/8/2013. Medical records from 2014 were reviewed. Patient complained of neck pain and low back pain, rated 6/10 in severity. Patient denied radicular symptoms. Physical examination showed tenderness at the paralumbar muscles. Range of motion of the cervical and lumbar spine was limited on all planes. Sensation was intact. Weakness of bilateral tibialis anterior and extensor hallucis longus were noted. Spurling's sign was positive. Straight leg raise test was negative bilaterally. Treatment to date has included 21 sessions of chiropractic care, and medications such as Flexeril, Voltaren tablet, and topical creams. Utilization review from 8/15/2014 denied the request for Compound medication Flurbiprofen 20% Tramadol 120% in base 210gm because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication Flurbiprofen 20% Tramadol 120% in base 210Gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. In addition, there is little to no research as for the use of flurbiprofen in compounded products. The topical formulation of tramadol does not show consistent efficacy. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains flurbiprofen and tramadol, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for Compound medication Flurbiprofen 20% Tramadol 120% in base 210gm is not medically necessary.