

Case Number:	CM14-0215141		
Date Assigned:	01/02/2015	Date of Injury:	12/31/2006
Decision Date:	02/24/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

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

This patient is a 58 year old employee with date of injury of 12/31/06. Medical records indicate the patient is undergoing treatment for s/p decompressive lumbar laminectomy at L5 and S1; bilateral carpal tunnel syndrome; thoracic back spasm; rupture of muscle and chronic back pain. Subjective complaints include pain in neck, shoulder blades, lumbar and thoracic spine. The pain radiates to his legs. He complains that at times his body goes stiff. He can only sleep for two hours at a time. Objective findings include range of motion of the lumbar spine: 50% flexion; 25% extension and lateral flexion and 10% rotation. Sensation is intact in upper and lower extremities. He has guarding of his thoracic spine when he squats. He can heel/toe walk. Treatment has consisted of acupuncture, lumbar corset, Avinza, Baclofen, Tramadol, Tizanidine, Gabapentin, Flurbiprofen powder. The utilization review determination was rendered on 12/2/14 recommending non-certification of Flurbiprofen powder 30gm (DOS 10/22/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective-Flurbiprofen powder 30gm (DOS 10/22/2014): Upheld

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

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

Decision rationale: While Flurbiprofen powder is FDA approved for oral administration, the medical documentation provided shows that the Flurbiprofen powder 30gm is part of a topical cream preparation. MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Therefore this request is not medically necessary.