

Case Number:	CM14-0086393		
Date Assigned:	07/23/2014	Date of Injury:	10/18/2002
Decision Date:	05/28/2015	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/09/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 a 51-year-old male patient who sustained an industrial injury on 10/18/2002. His initial complaints were of slipping, jolting lumbar spine and resulting with low back pain, left shoulder pain. A primary treating office visit dated 06/28/2011 reported current medications are Lorazepam, Omeprazole, Diclofenac, Tylenol #3 and various topical analgesia. Diagnostic testing to include magnetic resonance imaging. Treatment modalities included oral analgesia, topical analgesia, physical therapy, and chiropractic care. His chief complaints were of lumbar spine pain, along with neck and left shoulder discomfort. The impression noted lumbar strain (industrial), and left shoulder/cervical spine complaints (non-industrial). The patient was deemed permanent and stationary long ago. The plan of care noted recommending physical therapy for flare up. A more recent follow up visit dated 04/08/2015 reported the assessment and plan of care to involve lumbar radiculopathy; lumbar spinal stenosis, and degenerative disc disease of lumbar spine. The patient is with subjective complaint of low back pain associated with burning pain and numbness that radiates down the left leg. Current medications are Omeprazole, Acetaminophen, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for topical compound flurbiprofen, 120 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidals.

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

Decision rationale: The patient was injured on 10/18/02 and presents with lumbar spine pain which radiates to the left leg with numbness and tingling. The request is for TOPICAL COMPOUND FLURBIPROFEN, 120 GRAM. There is no RFA provided and the patient is permanent and stationary. There is no indication of when the patient began using this medication. MTUS guidelines have the following regarding topical creams (page 111, chronic pain section): Topical analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): Efficacy in clinical trials for this treatment modality has been inconsistent and most of these are small and of short duration. 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. The patient has tenderness along the paraspinal musculature, a decreased lumbar spine range of motion, and a positive straight leg raise. He is diagnosed with lumbar radiculopathy, lumbar spinal stenosis, and degenerative disc disease of lumbar spine. In this case, the patient does not present with osteoarthritis of a peripheral joint for which this product is indicated per MTUS Guidelines. The requested topical compound Flurbiprofen IS NOT medically necessary.

One prescription for Doral 15mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The patient was injured on 10/18/02 and presents with lumbar spine pain which radiates to the left leg with numbness and tingling. The request is for DORAL 15 MC #60. There is no RFA provided and the patient is permanent and stationary. There is no indication of when the patient began taking this medication. MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." The patient has tenderness along the paraspinal musculature, a decreased lumbar spine range of motion, and a positive straight leg raise. He is diagnosed with lumbar radiculopathy, lumbar spinal stenosis, and degenerative disc disease of lumbar spine. There is no indication of when the patient began taking Doral. Only short-term use of this medication is recommended. The reports do not discuss if Doral is for short-term use or to address acute injury, exacerbations, and flare-up's. Therefore, the requested Doral IS NOT medically necessary.

