

Case Number:	CM15-0112273		
Date Assigned:	06/18/2015	Date of Injury:	03/22/2009
Decision Date:	07/27/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/10/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41 year old female patient who sustained an industrial injury on 03/22/2009. The injured worker's diagnosis include Acute and chronic lumbar pain, Depression, constipation. Treatments have included Norco, Dulcolax, Cymbalta, Ambien and Ibuprofen. At dispute is the request for flubiprofen 25% 30gm/ lidocaine 5% 6gm/ ultraderm base 84 gm (DOS 10/17/13)

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: flubiprofen 25% 30gm/ lidocaine 5% 6gm/ ultraderm base 84 gm (DOS 10/17/13):
Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 03/22/2009 . The medical records provided indicate the diagnosis of 03/22/2009. The injured worker's diagnosis

include Acute and chronic lumbar pain, Depression, constipation. Treatments have included Norco, Dulcolax, Cymbalta, Ambien and Ibuprofen. The medical records provided for review do not indicate a medical necessity for Retro: flubiprofen 25% 30gm/ lidocaine 5% 6gm/ ultraderm base 84 gm (DOS 10/17/13) . The topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. Although the MTUS recommends the use of Lidocaine, no formulation of lidocaine is recommended, except as Lidoderm patch. None of the other agents is recommended.