

Case Number:	CM15-0113503		
Date Assigned:	06/19/2015	Date of Injury:	06/15/2011
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33 year old man sustained an industrial injury on 6/15/2011. The mechanism of injury is not detailed. Diagnoses include lumbar spine disc herniation, right lower extremity radicular pain, and lumbosacral spondylosis with disc protrusion. Treatment has included oral medications. Physician notes on a PR-2 dated 5/20/2015 show complaints of lumbar spine pain rated 7/10 with radiation to the right foot with weakness. Recommendations include physical therapy, urine drug screen, lumbar epidural steroid injection, continue Norco and Motrin, topical analgesic cream, and follow up in three to four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/ lidocaine 5% 180gm: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work injury in June 2011 and continues to be treated for radiating low back pain. When seen, there was decreased lumbar spine range of motion with paraspinal muscle tenderness. Straight leg raising was positive. There was decreased right lower extremity strength and sensation. Kemp's testing was positive bilaterally. Norco and Motrin were prescribed. Authorization for a topical compounded medication was requested. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Motrin (ibuprofen) is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not medically necessary.