MAXIMUS Federal Services

Case Number:	CM15-0121448		
Date Assigned:	07/02/2015	Date of Injury:	01/30/2013
Decision Date:	09/03/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 female, who sustained an industrial injury on 01/30/2013. Age was undocumented. She has reported subsequent back and right lower extremity pain with numbness and tingling and was diagnosed with grade I spondylolisthesis at L4-L5 with spinal stenosis and right leg radiculopathy. Treatment to date is unknown and there was no documentation of medication use. In a progress note dated 07/11/2014, the injured worker complained of worsening back and right leg pain with numbness and tingling down the legs. The injured worker needed a cane to ambulate and was noted to be unable to work due to severe pain and work status remained temporarily and totally disabled. Objective findings were notable for 2+ lumbar paraspinous muscle spasm, tenderness to palpation along these muscles, hyperreflexic deep tendon reflexes at the knees and ankles, decreased sensation to light touch and pinprick in the L5-S1 dermatome on right and positive straight leg raise on the right at 45 degrees. The physician noted that he had been requesting that the injured worker undergo a posterior lumbar interbody fusion at L4-L5 for months. The physician noted that a prescription for Ketoprofen cream was given to help decrease inflammation and pain. A request for authorization of Flurbiprofen/Cyclobenzaprine compound (retrospective date of service 07/11/2014) was submitted. There is no explanation as to why this medication was being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen, Cyclobenzaprine compound (Retrospective DOS 7/11/14): Upheld

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

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

Decision rationale: As per CA MTUS guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Diclofenac is the only FDA approved topical non-steroidal anti-inflammatory (NSAID) agent and all other NSAIDS are not FDA approved. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). In addition, there is no documentation of a failure of first-line therapeutic agents nor is there any discussion as to the reason for prescription of the medication. Therefore the request for authorization of the topical analgesic compound (retrospective date of service 07/11/2014), was not medically necessary.