

Case Number:	CM15-0128211		
Date Assigned:	07/15/2015	Date of Injury:	01/13/2004
Decision Date:	09/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/03/2015

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: Arizona, Michigan

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 62-year-old male, with a reported date of injury of 01/03/2004. The mechanism of injury was not indicated in the medical records provided. The injured worker's symptoms at the time of the injury have included low back and leg pain. The diagnoses include lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, sacroiliac sprain and strain, lumbar spine radiculopathy, and lumbar spinal stenosis. Treatments and evaluation to date have included selective nerve root blocks, facet injections, oral medication, topical pain medication, and a TENS (transcutaneous electrical nerve stimulation) unit. The diagnostic studies to date have included an MRI of the lumbar spine on 07/16/2014 which showed significant multilevel stenosis degenerative joint and disc disease. The progress report dated 06/08/2015 indicates that the injured worker had low back pain toward the right side. The pain was increased with standing, walking, and activity. It was noted that the injured worker was very active. The pain radiated down the right lower extremity down to the foot frequently at night. The injured worker rated his pain level 4 out of 10 at its least, and 9 out of 10 at its worst. His current pain was rated 4 out of 10. The physical examination showed significant loss of lumbar lordosis, pain on both sides at the L3-S1 region, no pain over the lumbar intervertebral discs on palpation, right sided sacroiliac joint pain, no palpable trigger point in the muscles of the lumbar spine, pain with lumbar extension, normal muscle strength, hypoesthesia of the lateral legs at L5 dermatomes, and positive Patrick's sign on the right side. The injured worker had retired. His

work status was documented as permanent and stationary. An opioid consent form and patient care agreement were obtained and signed. The treating physician requested Flurbiprofen compound 300 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen compound 300gm QTY 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no evidence of neuropathic pain or of a trial of an antidepressant or anticonvulsant as first-line therapy. Flurbiprofen is a non-steroidal anti-inflammatory agent (NSAID). The MTUS indicates that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The site of application was not specified. Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and effective. Non-FDA approved medications are not medically necessary. The only FDA-approved topical NSAIDs are diclofenac formulations. All other topical NSAIDs are not FDA approved. According to the guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The treating physician's request did not include the concentration, site of application, or directions for use. As such, the prescription is not sufficient, and the request does not meet guideline recommendations. Therefore, the request for Flurbiprofen compound is not medically necessary.