

Case Number:	CM15-0176541		
Date Assigned:	09/23/2015	Date of Injury:	03/15/2010
Decision Date:	11/03/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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, who sustained an industrial injury on 3-15-2010. Medical records indicate the worker is undergoing treatment for bilateral post anterior lumbar interbody fusion in 2012, bilateral lower extremities radiculopathy and subacute coccygeal fracture with coccydynia. The only progress report provided, dated 7-9-2013, and reported the injured worker complained of coccygeal pain rated 6 out of 10 and tenderness over the coccyx. Physical examination revealed decreased light touch over the lumbar 5 nerve root distribution, positive sciatic notch tenderness and positive straight leg raise on the left. Treatment to date has included physical therapy and medication management. The physician is requesting Retrospective Flurbiprofen 20% gel (date of service 07-09-2013-07-10-2013). On 8-28-2015, the Utilization Review noncertified the request for Retrospective Flurbiprofen 20% gel (date of service 07-09-2013-07-10-2013).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 20% gel (DOS 07/09/2013-07/10/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The 51 year old patient complains of coccygeal pain, rated at 6/10, along with tenderness over the coccyx, as per progress report dated 07/09/13. The request is for RETROSPECTIVE FLURBIPROFEN 20% GEL (DOS 07/09/2013-07/10/2013). There is no RFA for this case, and the patient's date of injury is 03/15/10. The patient is status post anterior lumbar interbody fusion at L5-S1 on 03/26/12, as per progress report dated 07/09/13. Diagnoses also included improved bilateral lower extremity radiculopathy with bilateral neural foraminal stenosis at L5-S1, and subacute coccygeal fracture with coccydynia. Medications included Norco, Medrox cream and Flurbiprofen 20% gel. The patient is working full time without restrictions, as per the same progress report. The MTUS chronic pain guidelines 2009, page 111 and topical analgesics section, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, only one progress report dated 07/09/13 is available for review. While the report includes a prescription for Flurbiprofen gel, it is not clear when this medication was initiated. The treater does not document efficacy in terms of reduction in pain and improvement in function due to the use of this topical formulation. Additionally, the treater does not explain why topical Flurbiprofen was chosen over other ointments nor does the treater indicate where and how the cream will be applied. Furthermore, there is no diagnosis of peripheral joint arthritis for which topical Flurbiprofen is indicated. Hence, the request IS NOT medically necessary.