

Case Number:	CM15-0040286		
Date Assigned:	03/10/2015	Date of Injury:	10/19/2010
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/03/2015

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, California
 Certification(s)/Specialty: Family Practice

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 47 year old man sustained an industrial injury on 10/19/2010. The mechanism of injury is not detailed. Current diagnoses include cervical spine pain with facet hypertrophy and foraminal narrowing, headache, cervical myofascial pain, and panic attacks with possible post traumatic stress disorder and anxiety. Treatment has included oral and topical medications. Physician notes dated 1/21/2015 show complaints of muscle spasms to the chest, neck and low back and the left knee and shoulder with limited range of motion and pain rated 7/10. Recommendations include vascular surgery consultation, continue the current medication regimen, chiropractic treatment for the lumbar spine, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluroplez 1% cream topical ointment: 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): 111-112.

Decision rationale: According to the 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 antidepressants and anticonvulsants have failed. Flurflex is a topical NSAID similar to Voltaren analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months and additional 3 months refill is not indicated. There are diminishing effects after 2 weeks. The claimant did not have osteoarthritis and was on topical Flurflex with other oral analgesics for several months. Location for application was not specified. Continued use of Flurflex is not medically necessary.

Butalb-Acetamin-Caff 50-325mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate- containing analgesic agents Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesics Page(s): 23.

Decision rationale: Barbiturate containing medications such as Butalbital are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The claimant had been on topical opioids in combination with Butalbital and topical analgesics. Pain scores remained high at 7/10. Continued use of Butalb-Acetamin-Caff 50-325mg BID #60 is not recommended.