

Case Number:	CM15-0062010		
Date Assigned:	04/07/2015	Date of Injury:	03/30/2014
Decision Date:	05/14/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 31 year old female, who sustained an industrial injury on March 30, 2014. She has reported neck pain and lower back pain. Diagnoses have included cervical spine pain, cervical spine disc displacement, cervical radiculopathy, lower back pain, radiculitis of the lower extremities and lumbar spine disc displacement. Treatment to date has included medications, acupuncture and physical therapy. A progress note dated November 25, 2014 indicates a chief complaint of neck pain with muscle spasms, and lower back pain with numbness and tingling of the legs. There was objective findings of muscle spasm, positive straight leg raising test and decreased sensation over bilateral C5 to T1 dermatomes. The treating physician requested transdermal medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The use of compound topical analgesics products is limited as a third line option for the treatment of localized neuropathic pain when first line such as anticonvulsants / antidepressants and second line Lidoderm have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend the utilization of oral formulation of anticonvulsants for the treatment of radiculopathy and non localized neuropathic pain. The use of topical NSAIDs is associated with the development of tolerance and decreased efficacy. The criteria for the use of Flurbiprofen 180gm was not met. The request IS NOT medically necessary.