

Case Number:	CM15-0065028		
Date Assigned:	04/13/2015	Date of Injury:	11/26/2012
Decision Date:	06/11/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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, New York, California
 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 applicant is a represented 53-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 26, 2012. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve a request for a flurbiprofen-lidocaine containing topical compounded cream. The claims administrator referenced progress notes of January 6, 2015 and August 1, 2014 in its determination. The MTUS Guideline in ACOEM Chapter 3, Table 3-1, and page 49 was referenced in the determination. The applicant's attorney subsequently appealed. On December 12, 2014, the applicant reported persistent complaints of low back pain status post earlier failed lumbar fusion surgery. The applicant was given a refill of Norco and asked to continue other unspecified medications. The applicant's work status was not stated, although it did not appear that the applicant was working. On January 15, 2015, Norco and Amrix were renewed. On March 10, 2015, the applicant was described as having difficulty performing activities of daily living. The applicant was asked to employ Norco at a heightened dose and frequency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurb/Lido Cream 20/5 Percent 180 Gram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the request for a flurbiprofen-lidocaine containing topical compound was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the low back. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is 'little evidence' to utilize topical NSAIDs such as flurbiprofen for treatment of the spine, hip, and/or shoulder. Since the flurbiprofen component in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals such as Norco effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the 'largely experimental' topical compounded agent in question. Therefore, the request was not medically necessary.