

Case Number:	CM15-0072956		
Date Assigned:	04/23/2015	Date of Injury:	09/05/2008
Decision Date:	05/20/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/16/2015

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, 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 injured worker is a 57 year old male, who sustained an industrial injury on 9/5/2008. He reported sharp low back pain after falling. Diagnoses have included lumbar spine sprain and bilateral sciatica. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, chiropractic treatment and medication. According to the progress report dated 11/5/2014, the injured worker complained of slight, frequent to intermittent chest pain. He complained of constant to frequent severe left wrist pain. He reported re-injuring his low back. He complained of moderate constant to frequent severe pain of the low back. Back pain was rated nine at worst and five at best. The pain and soreness frequently radiated down both legs and thighs posteriorly to the bilateral ankles. Physical exam revealed tenderness to palpation to the cervical spine, shoulders and lumbar spine. Authorization was requested for 180gms Flurbiprofen 25% topical cream; 30 day supply and 30gms Flurbiprofen 25% topical cream; 3 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

180gms Flurbiprofen 25% topical cream; 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics / non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: This claimant was injured back in 2008. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 -9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. The request is appropriately non-certified. Therefore, the requested treatment is not medically necessary.

30gms Flurbiprofen 25% topical cream; 3 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics / non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: This claimant was injured back in 2008. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. The request is appropriately non-certified. Therefore, the requested treatment is not medically necessary.