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| Case Number: | CM15-0095473 | | |
| Date Assigned: | 05/22/2015 | Date of Injury: | 05/28/2014 |
| Decision Date: | 06/24/2015 | UR Denial Date: | 04/29/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 36-year-old female, with a reported date of injury of 05/28/2014. The diagnoses include lumbar discogenic disease at L5-S1 and L4-5. Treatments to date have included an MRI of the lumbar spine, which showed bulging disk at L5-S1 with S1 nerve root compression; electrodiagnostic studies that did not show any direct nerve damage or involvement; and oral medications. The progress report dated 04/14/2015 indicates that the injured worker had ongoing low back pain with radiation into the right leg. She was still having severe pain, and the medication helped a small amount. The objective findings include lumbar flexion and extension at 15 degrees, positive right straight leg raise with pain in the low back down into the right leg, a mildly antalgic gait, decreased pain and touch sensation in the L4 nerve distribution, normal sensation to pinprick, and light touch in the right L4 nerve distribution. It was noted that the injured worker had been on significant conservation therapy with no benefit, and her medications did not solve the problem. The treating physician requested Flurbiprofen 20% 120 grams and Flurbiprofen 20% 30 grams as an addition to help get optimum multiple therapies going to give the injured worker the best change to get medical relief as quickly as possible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% in UL 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen (Ansaïd); Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in May 2014 and continues to be treated for radiating low back pain. When seen, there was decreased lumbar spine range of motion. There was a positive right straight leg raise and decreased right lower extremity sensation. She was noted to have an antalgic gait. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. The claimant has not had a trial of topical diclofenac and therefore this medication was not medically necessary.

Flurbiprofen 20% in UL quantity 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen (Ansaïd); Non Steroidal Anti-Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in May 2014 and continues to be treated for radiating low back pain. When seen, there was decreased lumbar spine range of motion. There was a positive right straight leg raise and decreased right lower extremity sensation. She was noted to have an antalgic gait. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. The claimant has not had a trial of topical diclofenac and therefore this medication was not medically necessary.