

Case Number:	CM15-0098964		
Date Assigned:	06/01/2015	Date of Injury:	06/22/2005
Decision Date:	07/01/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/22/2015

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 51 year old female injured worker suffered an industrial injury on 06/22/2005. The diagnoses included lumbar disc herniations with fusion and right knee chondromalacia. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with epidural steroid injections and medications. On 4/28/2015, the treating provider reported low back pain rated 8/10 and right knee pain rated at 6/10. The medications reduced it to 3/10. On exam the lumbar spine had decreased range of motion with tenderness and positive right straight leg raise. The right knee revealed slight decreased of range of motion along with tenderness. The treatment plan included Flurbiprofen/Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine cream 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 (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in June 2005 and continues to be treated for low back and right knee pain. When seen, physical examination findings included decreased lumbar spine range of motion with paraspinal tenderness. Kemp's testing was positive bilaterally. There was decreased right lower extremity sensation with decreased right knee range of motion. There was decreased quadriceps strength. 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. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested medication is not medically necessary.