

Case Number:	CM14-0093869		
Date Assigned:	07/25/2014	Date of Injury:	04/19/2002
Decision Date:	08/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/20/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old female who was injured on 04/19/2002. The patient underwent ultrasound-guided puncture of the left greater saphenous vein and radiofrequency ablation of the left greater saphenous vein on 05/23/2013. Progress report dated 05/08/2013 documented the patient to have complaints of worsening venous stasis wounds on the left leg. She reported swelling and significant pain. She suffers from morbid obesity with a weight of 300 pounds and body mass index (BMI) of 47. On neuro exam, she had 5/5 motor strength in bilateral lower extremities. The patient is diagnosed with morbid obesity, edema, chronic venous hypertension with ulcer, of calf, and ankle except pressure ulcer; and gangrene. The plan and treatment included compression dressings for edema control, and she was instructed to follow up. Prior utilization review dated 05/29/2014 states the request for retrospective (DOS: 11/21/13 and 5/8/13) Flurbi (NAP) cream-LA compound is denied as there was a lack of information provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 11/21/13 and 5/8/13) Flurbi (NAP) cream-LA compound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

Decision rationale: This is a request for a topical NSAID product for a 52-year-old female with chronic low back pain. However, according to MTUS guidelines, topical NSAIDs are not recommended for the back, hip or shoulders. Further, it is not entirely clear that the patient has failed oral NSAIDs due to side effects as a sample of oral Duexis (Ibuprofen and Famotidine) was given. In addition, the patient is also noted to have had little benefit from NSAID use. Medical necessity is not established.