

Case Number:	CM13-0010948		
Date Assigned:	09/27/2013	Date of Injury:	11/23/1999
Decision Date:	02/03/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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 68-year-old female who reported an injury on 11/23/99; the mechanism of injury was not provided. The patient was noted to have right wrist pain that had improved 50%, left lateral epicondyle pain that improved 50%, left shoulder pain that improved 50%, and right knee pain that had improved 75%. The patient was noted to have diagnoses of chronic tendinitis of the supraspinatus, infraspinatus, and bicipital tendon, carpi ulnaris tendon, and an internal derangement of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Flurbiprofen 60gm; Flurbiprofen 10%, Capsaicin 0.015mg, menthol 0.03mg, Camphor 0.03mg, base 53.925gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72, 105, 111-112. Decision based on Non-MTUS Citation National Library of Medicine - National Institute of Health.

Decision rationale: Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. The California MTUS indicates that topical analgesics are "largely experimental in use with few

randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." This agent is not currently FDA approved for a topical application. FDA-approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration: "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments.... California MTUS guidelines recommend Topical Salicylates. Methyl Salicylate 4% is one of the ingredients of this compound." As the topical Flurbiprofen is not supported by the FDA or the treatment guidelines, the request is not medically necessary.

request for Cyclobenzaprine 60gm; Ketoprofen 10% 6gm, Cyclobenzaprine 10% 6gm, base 48gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 111, 113.

Decision rationale: The California MTUS states that "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product...The addition of Cyclobenzaprine to other agents is not recommended... Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application..." Clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations; therefore, the request is not medically necessary.