

Case Number:	CM13-0017016		
Date Assigned:	03/19/2014	Date of Injury:	09/07/2012
Decision Date:	04/02/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/27/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 61 year old woman with a date of injury of 9/7/12. She was seen by her primary treating physician on 6/28/13 with complaints of neck pain with radiation to the right hand and low back pain with radiation to the right hip and right shoulder pain. Her pain was reported as continuous and 5-7/10. She participated in a home exercise program and her current medications were ultram and topical creams. Her physical exam was significant for reduced cervical spine range of motion and positive Spurling's test on the right. Her upper extremity strength was 5/5 except for weakness of 4/5 in the right deltoids and biceps. Her right shoulder had a negative Hawkin's and Neer's. Her lumbar spine showed reduced range of motion, positive straight leg raise on the right and paraspinal spasms and tenderness. Her diagnoses included cervical spine herniated nucleus pulposus at C4-5 and C6-7 with right upper extremity radiculopathy, thoracic spine musculoligamentous sprain/strain, insomnia secondary to orthopedic injury and lumbar spine right lower extremity radiculopathy, rule out disc herniation. She was to undergo an epidural injection at C5-6. At issue in this review is the prescription for flurbiprofen topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR FLURBIPROFEN BASED TOPICAL CREAM, 120MG, DOS: 7/1/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized 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. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding topical flurbiprofen in this injured worker, the records do not provide clinical evidence to support medical necessity.