

Case Number:	CM13-0019499		
Date Assigned:	06/20/2014	Date of Injury:	05/19/2008
Decision Date:	08/19/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/16/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 68-year-old female who reported an injury 05/19/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 06/12/2013 is handwritten and hard to decipher. The note indicated the injured worker reported shoulder, elbow, right wrist pain and headaches. On physical exam of the cervical spine, there were spasms, weakness, and numbness. The injured worker reported transdermal creams helped the pain by 20%. The injured worker's prior treatments included medication management. The provider submitted request for Flurbiprofen. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective/prospective usage of Flurbiprofen cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics Page(s): 72, 111.

Decision rationale: Flurbiprofen is not currently FDA approved for topical application. The 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 database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. Moreover, the request does not indicate a dosage, frequency, or quantity. Therefore, per the California MTUS Guidelines, the request for retrospective/prospective usage of flurbiprofen cream is found to be not medically necessary.