MAXIMUS Federal Services

Case Number:	CM13-0026406		
Date Assigned:	01/22/2014	Date of Injury:	04/18/2013
Decision Date:	03/25/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 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:

This is a 35 year-old male with a 4/18/2013 cumulative trauma injury claim. He states he uses a 3-4 pound hand-help polisher and sits in a fixed position, and this caused pain in his neck, shoulders and mid back. He has been doing this type of work since 2005. On 11/27/13 [redacted] UR recommended non-certification for Flurbiprofen powder 6mg for a compounded topical medication, from a 11/11/13 bill from [redacted], without a medical report. For this IMR, I have been provided [redacted] 11/11/13 initial pain management report. According to [redacted], the patient presents with neck pain, bilateral shoulder pain and thoracic spine pain. The diagnostic impression is overuse syndrome bilateral shoulder adhesive capsulitis; possible LUE entrapment neuropathy; possible brachial plexopathy; chronic pain syndrome. He prescribes Elavil for sleep and chronic pain syndrome, Lorzone for pain and spasm, and topical flurbiprofen/lidocaine to decrease the oral analgesic requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen powder 6mg QTY: 1.00 (DOS: 11/11/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: The Physician Reviewer's decision rationale: The patient presents with cervical, thoracic and bilateral shoulder pain. I am asked to review for flurbiprofen powder that has been reported to be combined with Lidocaine for topical use. Flurbiprofen is an NSAID, and MTUS, for topical NSAIDs states: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The use of topical Flurbiprofen for the patient's cervical, thoracic spine or bilateral shoulder condition is not in accordance with MTUS guidelines.