

Case Number:	CM13-0046680		
Date Assigned:	12/27/2013	Date of Injury:	10/29/2012
Decision Date:	04/28/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 35 year-old with a date of injury of 10/29/12. A progress report associated with the request for services, dated 10/14/13, identified subjective complaints of neck, right wrist and elbow pain. Objective findings included cervical paraspinal tenderness with decreased range-of-motion. Motor function was normal. Diagnoses included wrist pain and neck pain. Treatment has included chiropractic therapy, Lyrica, and an NSAID gel. A Utilization Review determination was rendered on 10/21/13 recommending non-certification of "Flurbiprofen 20% compound cream 30gm".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flurbiprofen 20% compound cream 30gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Topical NSAIDs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Analgesics, 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Flurbiprofen 20% is an NSAID being used as a topical analgesic. The MTUS Guidelines note that the efficacy of topical NSAIDs in clinical trials has been inconsistent and most studies are small and of short duration. Recommendations primarily relate to osteoarthritis where they have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. They are indicated for relief of osteoarthritis pain in joints that lend themselves to treatment (ankle, elbow, foot, hand, knee, and wrist). The only FDA approved topical NSAID is diclofenac. In this case, the patient has been on an NSAID topical without documented functional improvement. Likewise, the record does not substantiate its primary use, which is for osteoarthritis. Therefore, in this case, the record does not document the medical necessity of Flurbiprofen as a topical agent.