

Case Number:	CM13-0056812		
Date Assigned:	12/30/2013	Date of Injury:	01/22/2004
Decision Date:	05/27/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/23/2013

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 New York 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 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 patient is a 69 year old female injured on 01/22/04 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. The clinical documentation indicates the patient's current diagnoses include myalgia and myositis with overlying psychiatric issues. It is noted that the patient reports continued total body pain, chronic fatigue, problems sleeping, and morning gel phenomenon. The patient reports the issues last approximately 15 to 20 minutes in the morning with no new joint swelling. The patient reports previously ceasing medications due to GI upset; however, is willing to begin administration again. The patient reports sleep problems have increased due to pain in the back and discomfort breathing. The patient exercises 4-5 times per week including swimming and yoga. Objective findings included no new joint swelling, normal neurologic examination, no rheumatoid arthritis deformities, and tightness in upper and mid back. Treatment plan included continued medications to include Flurbiprofen for FMS pain and add Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO REQUEST FOR FLURBIPROFEN COMPOUND 30GM FOR DATE OF SERVICE 10/17/2013: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Flurbiprofen has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore the retrospective request for Flurbiprofen compound 30gm for date of service 10/17/2013 is not medically necessary and appropriate as it does not meet established and accepted medical guidelines.