

Case Number:	CM13-0058217		
Date Assigned:	12/30/2013	Date of Injury:	01/01/2003
Decision Date:	05/28/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/26/2013

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 has a subspecialty in Pain Management 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 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:

he patient is a 55 year old female who was injured on 01/01/2003. The mechanism of injury is unknown. Prior treatment history has included TENS unit. Her medications include: Vicodin 5/300 mg tablet 1 po bid, Flexeril 5 mg tablet 1 po qhs, Naproxen Sodium 550 mg tablet 1 po bid, Advair, Singulair, and Zantac. A PR-2 dated 10/31/2013 documented the patient to have complaints of upper back pain. She has been using the TENS unit, compound cream QD and the Vicodin bid prn and her pain has been stable. Her CAS score is 3-4/10 today without medications. Objective findings on exam included she has full range of motion in flexion, extension, left lateral bending, right lateral bending. Tenderness is palpated over the right periscapular region and right trapezius, but no pain elicited. Strength is 5/5 in deltoids, biceps, triceps, wrist flexors/extensors and grip bilaterally. Muscle strength is 3/5 in right shoulder abductors. The assessment identifies myofascial pain, carpal tunnel syndrome, displacement of cervical intervertebral disc without myelopathy, upper back pain, and numbness or tingling. The treatment plan recommend TENS unit and topical cream to decrease frequency and severity of flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN POWDER PROVIDED ON 10/31/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and

Environmental Medicine (ACOEM), Table 3-1 and Official Disability Guidelines (ODG), Food and Drug Administration.

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

Decision rationale: Regarding the request for flurbiprofen powder, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical flurbiprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical flurbiprofen is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the request for Flurbiprofen powder is not medically necessary.