

Case Number:	CM13-0060319		
Date Assigned:	12/30/2013	Date of Injury:	04/18/2013
Decision Date:	04/11/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family Practice and is licensed to practice in 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 reported an injury on 04/18/2013 due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to his neck, back, and bilateral upper extremities. The patient's treatment history included physical therapy and medications with activity modifications. The patient's most recent clinical evaluation documented that the patient had persistent neck pain, thoracic pain, and bilateral shoulder pain. Physical findings included restricted range of motion of the cervical spine with a positive left-sided cervical compression test and a positive Romberg's sign. Evaluation of the bilateral shoulders documented significantly limited left shoulder range of motion and mildly limited right shoulder range of motion with a positive apprehension, Codman's, Neer's sign, Hawkins sign, and Yergason's sign bilaterally. The patient's treatment plan included medications and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN POWDER 6mg: Upheld

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

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

Decision rationale: The requested Flurbiprofen powder 6 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends nonsteroidal anti-inflammatory drugs as topical analgesics when a patient is unable to tolerate oral formulations or when oral formulations of nonsteroidal anti-inflammatory drugs are contraindicated for the patient. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to oral formulations of anti-inflammatory medications. Additionally, the request as it is written does not provide a duration or frequency of treatment. California Medical Treatment Utilization Schedule recommends topical nonsteroidal anti-inflammatory drugs for short durations of treatment. Therefore, the appropriateness of this medication cannot be established. As such, the requested Flurbiprofen powder 6 mg is not medically necessary or appropriate.