

Case Number:	CM13-0061178		
Date Assigned:	12/30/2013	Date of Injury:	08/06/2010
Decision Date:	05/15/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/04/2013

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 Occupational Medicine 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:

The patient is an employee of [REDACTED] and has submitted a claim for Lumbago, myofascial syndrome of left hip and buttock and bilateral patellofemoral syndrome associated with an industrial injury date of 08/06/2010. Treatment to date has included lumbar epidural steroid injection, chiropractic care, and medications including Crestor and Percocet. Utilization review from 12/04/2013 denied the request for retrospective flurbiprofen 120mL, Qty 1. Rationale for the decision was not included in the medical records submitted. Medical records from 2013 to 2014 were reviewed showing that patient has been complaining of chronic back pain of moderate severity. Physical examination showed limited range of motion and good stability of an unspecified area. The progress notes were handwritten unintelligibly. An agreed medical re-evaluation, dated 02/27/2013, revealed that patient has been experiencing upper middle back, left shoulder, left arm, left hand, left hip, both knees and both feet pain. There was numbness and tingling sensation radiating down the left leg. His pain complaints had limited impact on self-care / personal hygiene, and had moderate impact in terms of pushing and pulling objects, prolonged sitting for 30 minutes, stair-climbing, kneeling, bending and squatting. Objective findings showed slightly forward-held head position and slightly rounded upper back. There was increased muscle tone and tenderness at the left shoulder, paralumbar muscles from T10 to L5, left piriformis, left buttock . Range of motion of lumbar spine was limited towards flexion at 30 degrees, extension at 15 degrees, lateral flexion at 25 degrees bilaterally. Straight leg raise test was negative bilaterally. The left shoulder movement was likewise restricted towards flexion at 170 degrees, abduction at 160 degrees, adduction at 60 degrees and internal/external rotation at 75 degrees. Motor strength was 5/5 at all extremities. Achilles reflex was +1 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE FLURBIPROFEN 120ML #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAID formulation are only supported for diclofenac in the California MTUS. In this case, the patient complains of chronic back pain since 2010. This medication was first prescribed in November 2013. There is no discussion concerning the need for use of unsupported topical NSAID such as flurbiprofen in the documentation. Therefore, the request for retrospective flurbiprofen 120mL, #1 is not medically necessary.