

Case Number:	CM13-0062675		
Date Assigned:	12/30/2013	Date of Injury:	09/08/2008
Decision Date:	04/11/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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, has a subspecialty in Pulmonary Diseases 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 a 63-year-old female who reported injury on 09/08/2008. The mechanism of injury was not provided. The patient's diagnoses were noted to include sprain of the neck and carpal tunnel syndrome along with obesity, NOS, and psych factor with other dis. The request was made for Flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE FLURBI (NAP) COMPOUND CREAM 180MG PROVIDED ON (DOS) 7/24/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation web-based edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Flurbiprofen Page(s): 111, 72.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical (NSAIDs) non-steroidal anti-inflammatory drugs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but

either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. There was a lack of documentation of an objective physical examination and a DWC Form RFA submitted for the date of requested service. There was a lack of documentation of exceptional factors to warrant non adherence to guideline recommendations. Given the above, the request for flurbi (nap) compound cream 180gm provided on 07/24/2013 is not medically necessary.