

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0068358 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 08/04/2000 |
| Decision Date: | 05/21/2014 | UR Denial Date: | 12/03/2013 |
| Priority: | Standard | Application Received: | 12/19/2013 |

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:

This is a female patient with the date of injury of August 4, 2000. A utilization review determination dated December 3, 2013 recommends non-certification of Flurbiprofen Cream 20%, 30 grans, #1, No Refills. The previous reviewing physician recommended non-certification of Flurbiprofen Cream 20%, 30 grans, #1, No Refills due to lack of documentation of the specific indication for use of topical analgesics and MTUS only supports the use of NSAIDs for relief of osteoarthritis pain in joints that lend themselves to topical treatment. An Industrial Recheck dated October 18, 2013 identifies History of Present Illness of continuing pain at about 6 out of 10, strong in the left shoulder, and in the back, achy, sharp and burning. Examination identifies diffusely tender about the left shoulder with limited abduction and elevation sending some pain up into the neck region and down the arm. The patient was tender in the ulnar cubital tunnel bilaterally, but more on right. She experienced greater pain on lumbar extension than flexion, felt in the low back bilaterally but more to the left. She was also slightly kyphotic and stiff gait. Diagnoses identify facet syndrome, neck pain, chronic pain, joint pain shoulder, general osteoarthritis, acromioclavicular arthritis - idiopathic, and brachial neuritis NOS. Medications/Treatment Plans identify start flurbiprofen cream 20% cream, 30 grms, \hat{A} ¹/₄ to \hat{A} ¹/₂ teaspoon to sensitive area up to 2 times daily, as needed for pain or inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN CREAM 20%, 30-GRAMS, #1 WITH NO REFILLS: 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 Page(s): 111-112.

Decision rationale: Regarding the request for topical flurbiprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral Non-Steroidal Anti-Inflammatory Drugs (NSAID) contains 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 currently requested topical flurbiprofen is not medically necessary.