

Case Number:	CM14-0000400		
Date Assigned:	01/10/2014	Date of Injury:	04/04/2001
Decision Date:	08/04/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 and is licensed to practice in Maryland. 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 54 year old with a work injury dated 4/4/01. The diagnoses include intervertebral disc disorder, post laminectomy syndrome. Under consideration is a request for Flurbiprofen Cream 25% 30 grams. Per documentation dated 7/29/13 the patient presents with a many-year history of neck problems. She was struck at work with a heavy mattress on her head over 10 years ago, then had neck surgery and was better for awhile, but then about 3 years ago the pain returned. It was similar to what she had had before her surgery, with radiation into the left arm with some numbness and tingling, difficulty holding onto things. She has headaches, as well. She takes Celebrex and Percocet for the pain, which is aggravated by movements of her head and neck, and has been unable to resume her usual activities because of the recurrence of pain. The documentation reveals a primary treating physician report dated 12/5/13. The document indicates the patient has pain. There are no objective findings on the report. The treatment plan included Norco and Flurbiprofen Cream 25% 30 grams. There is a 04/25/2013 CT scan of the neck. This reveals that the patient is status post anterior fusion from C5-C7, with anterior metallic plate and paired threaded screws. The base of the odontoid is intact and lateral masses are aligned; narrowing of the joints of Luschka is identified at C2-C7. Vertebral body heights normal. No acute fractures are identified. Grade 1 anterolisthesis identified of C4 with respect to C5, consistent with hyperlaxity. There is no significant scoliosis. There is no pre-vertebral soft tissue swelling. On the oblique projection mild neuroforaminal narrowing is identified at C2-3, moderate at C3-4, moderate to severe at C5-6, and mild at C6-7 on the left; moderate neuroforaminal narrowing is identified at C3-4, and otherwise patent on the right. No acute osseous process. Status post anterior fusion from C5-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO FLURBIPROFEN CREAM 25% 30 GRAM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Non-steroidal antiinflammatory agents (NSAIDs): pages 111-112.

Decision rationale: Retro Flurbiprofen Cream 25% 30 grams is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines states that topical NSAIDs can be used in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use. The guidelines state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation does not indicate intolerance to oral medications. The documentation indicates that the patient has cervical spine pain. The MTUS does not recommend using topical NSAIDS for osteoarthritis of the spine. The request for retro Flurbiprofen Cream 25% 30 grams is not medically necessary.