

Case Number:	CM14-0004819		
Date Assigned:	01/24/2014	Date of Injury:	02/17/2003
Decision Date:	06/10/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 & Rehabilitation 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 injured worker is a 74 year old male with a reported date of injury on 02/17/2003; the mechanism of injury was not provided. The progress note dated 12/05/2013 noted that the injured worker has complaints that included positional vertigo that increases with change in position, constant neck and low back pain, and weakness with loss of endurance. Objective findings included a Spurling's maneuver that causes pain in the muscles of the neck, decreased hearing, positive Dix-Hallpike maneuver, and positive Romber's test. Additional findings included an overall normal examination of the ears, motor, sensory, and reflexes. The request for authorization for Flurbiprofen 20% was submitted on 12/18/2013 and 11/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20%: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that the efficacy of non-steroidal ant inflammatory agents in clinical trials have been inconsistent and most studies are small and

of short duration. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to provide benefit for 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The medical necessity for this requested medication has not been established. This request remains unclear as there is no treatment plan provided within the available documentation that provides a rationale for the use of this medication. Additionally, there was lack of evidence that the injured worker had symptomatology that would benefit from this medication. Furthermore, it remains unclear how long this medication is going to be prescribed as there is no frequency or duration provided in the request. As such this request is not medically necessary and appropriate.