

Case Number:	CM14-0102288		
Date Assigned:	09/16/2014	Date of Injury:	10/25/2012
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/02/2014

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 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:

The injured worker is a 59-year old male who suffered continuous trauma work-related injury from October 25, 2011 up to October 25, 2012. During the course of his employment as a construction landscaper, he was required to dig and use a shove, fill holes with cement, makes fences and he would also make rock ornaments and push a wheelbarrow loaded to up to 150 pounds. He was diagnosed with (a) right shoulder impingement syndrome with rotator cuff sprain and strain and (b) right elbow lateral and medial epicondylitis. In a progress note dated June 12, 2014 he continued to complain of right pain which was greater than this right shoulder pain. On examination of the right shoulder, range of motion was noted to be limited in all planes. On examination of the right elbow tenderness was noted over the medial and lateral epicondyles. He was uncertain whether to have the recommended surgery. This is a review of the requested Flurbiprofen 20% 30 gram cream and Flurbiprofen powder 6 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% 30 gram cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental. When one ingredient in a compound carries an unfavorable recommendation, the entire compound is considered to carry an unfavorable recommendation. Further, they are only recommended when trials of anti-depressants and anti-convulsants have failed. In this case, there was no evidence in the medical records submitted that would suggest intolerance to and/or failure of multiple classes of oral agents and/or oral adjuvant medications so as to make a case for usage of topical agents and/or topical compounds which, per American College of Occupational and Environmental Medicine Guidelines, are "not recommended." Additionally, topical non steroidal anti-inflammatory drugs have been shown to be superior to placebo during the first two weeks of treatment and indicated for osteoarthritis. It is recommended for short-term use between 4 to 12 weeks. Topical treatment can result in blood concentrations similar to oral forms. Since flurbiprofen is included in this topical cream and a non steroidal anti-inflammatory drug is not indicated, any compound product that contains at least one drug that is not recommended is not recommended. Based from the medical records available, it did not appear the injured worker has a diagnosis that would indicate a need for Flurbiprofen. Therefore, the request for Flurbiprofen is not medically necessary.

Flurbiprofen powder 6 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines stipulated indications for the use of flurbiprofen, which is a under the drug class non-steroidal anti-inflammatory drugs and it clearly stated that the non steroidal anti-inflammatory drug are recommended at the lowest dose for the shortest period of time in workers with moderate to severe pain. It also indicated that for chronic low back pain, it is also recommended as an option for short-term symptomatic relief. In this injured worker's case, neither of the above conditions is present nor is there diagnoses indicated for him to be warranted of the requested Flurbiprofen powder. Moreover, evidence-based guidelines are silent with regard to the use of this kind of medication preparation. Therefore, it can be concluded that the medical necessity of the Flurbiprofen powder 6 grams is not established.