

Case Number:	CM14-0016219		
Date Assigned:	04/14/2014	Date of Injury:	04/21/2010
Decision Date:	05/29/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old male who reported an injury on 04/21/2010. The mechanism of injury was not provided. Current diagnoses include status post anterior lumbar fusion with pseudarthrosis, cervical spine spondylosis, bilateral lower extremity pain, bilateral hand and wrist sprain, left groin/inguinal hernia, bilateral foot sprain, stress, anxiety, and depression. The injured worker was evaluated on 10/25/2013. The injured worker reported persistent pain in bilateral upper extremities, low back, and bilateral lower extremities. Physical examination revealed 50% normal range of motion with positive Spurling's maneuver and motor weakness in the hallucis longus and biceps. Treatment recommendations included a prescription for Flurbiprofen 20% gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20% GEL 120GM: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical (NSAID) non-steroidal anti-inflammatory drugs is Diclofenac. Therefore, the current request is not medically appropriate. There is also no frequency listed in the current request. Therefore, the request for Flurbiprofen 20% gel 120gm is not medically necessary and appropriate.