

Case Number:	CM14-0019712		
Date Assigned:	04/28/2014	Date of Injury:	02/29/2012
Decision Date:	07/08/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 42-year-old female who reported injury on 02/29/2012. The mechanism of injury was the injured worker walked into a pole that was sticking out from a canopy and hit the right side of her face, head and jaw. The documentation of 01/22/2014 revealed the injured worker was at a concert and an individual standing behind her tried pushing her shoulders and caused increased pain in the right shoulder. The injured worker reported a headache in the frontal and parietal regions as well as muscle spasms in the posterior neck. The pain radiated at a 7/10. The diagnoses included cervical syndrome not elsewhere classified, osteoarthritis not otherwise specified of upper arm, and pain in the joint of the shoulder. The treatment plan included physical therapy 2 times a week times 4 weeks and a referral to an orthopedic shoulder for right shoulder rotator cuff tear and repair arthroscopy and flurbiprofen 20% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BOTTLE OF FLURBIPROFEN 20% CREAM 150GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FLURBIPROFEN, TOPICAL ANALGESICS Page(s): 72, 111.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants. The request as submitted failed to indicate the frequency for the requested medication. The duration could not be established through submitted documentation. There was a lack of documentation indicating exceptional factors to warrant nonadherence to FDA and California MTUS Guidelines. Given the above, the request for 1 bottle of flurbiprofen 20% cream 150 grams is not medically necessary.