

Case Number:	CM14-0022105		
Date Assigned:	06/11/2014	Date of Injury:	02/08/2011
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/21/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 58 year old male injured on 02/08/11 due to an undisclosed mechanism of injury. Current diagnoses include right impingement/rotator cuff tendonitis, right rotator cuff tear, and right rotator cuff sprain. The clinical note dated 02/04/14 indicates the injured worker presented with complaints of right shoulder pain rated at 3/10 at rest increasing to 5/10 with overhead reaching, pushing, pulling, and lifting with the right arm. The injured worker reports improvement in pain with local heat, exercise, medication, and topical NSAID cream. The injured worker reports exercising daily as instructed and brief periods of improvement with physical therapy in the past. Objective findings include slight atrophy of the right deltoid and posterior superior shoulder musculature, flexion and abduction 160 degrees, and normal upper extremity reflexes. The treatment plan includes request for right shoulder physical therapy program, continue working and exercise, Prilosec for gastrointestinal upset from over the counter NSAIDs, Flurbiprofen cream to the right shoulder, TENS unit rental for 1 month, and ongoing evaluations. The initial request for Flurbiprofen cream was not recommended on 02/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN CREAM: 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 9792.20, Topical analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Moreover, the documentation indicates the injured worker currently utilizes over-the-counter NSAIDs for pain management. Therefore Flurbiprofen cream cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.