

Case Number:	CM14-0044988		
Date Assigned:	06/20/2014	Date of Injury:	05/23/2001
Decision Date:	07/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/18/2014

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 Occupational Medicine and is licensed to practice in Hawaii. 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:

This patient is a 49-year-old male with a date of injury on 5/23/2001. Review of the medical documents indicate that the patient is undergoing treatment for rheumatoid arthritis, diabetes, and diabetic neuropathy. Subjective complaints include pain to bilateral elbows, bilateral ankles, bilateral lower extremities, bilateral upper extremities, bilateral feet, and bilateral knees. Objective findings include slow gait (assistance with cane), erythema of bilateral shoulders, and tenderness to palpation of bilateral elbows/knees. Treatment has included topical Flurbiprofen ,topical gabapentin/cyclobenzaprine, Celebrex, folic acid, lyrica, methotrexate, and prednisone. A utilization review dated 3/11/2014 noncertified the request for Flurbiprofen 20% cream apply to affected area twice a day QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound : Flurbiprofen 20% cream apply to affected area twice a day QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FLURBIPROFEN Page(s): 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, TOPICAL ANALGESICS.

Decision rationale: MTUS states regarding topical analgesics, "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Medical documents do not indicate that the patient has failed trials of antidepressants or anticonvulsants. Additionally, topical analgesics are considered particularly useful for individuals unable to tolerate oral administration, or for whom it is contraindicated. Treating physician reports that the patient is unable to tolerate oral medication (specifically NSAIDs due to GERD), but does not specify which NSAIDs have been tried and the results of those treatments. ODG also states regarding topical analgesics, "Recommended for short-term use (one to two weeks)". Medical documents indicate that the patient has been on the medical since at least 9/16/2013, far in excess of the 2 week recommendation. As such, the request for Flurbiprofen 20% cream apply to affected area twice a day QTY: 1 is not medically necessary.