

Case Number:	CM14-0060075		
Date Assigned:	07/09/2014	Date of Injury:	07/15/2010
Decision Date:	09/26/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/30/2014

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,, has a subspecialty in Pain Medicine 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 57 year-old female who reported a work related injury on 07/15/2012. The mechanism of injury was not provided in documentation for review. The injured worker's diagnoses consisted of lumbar radiculopathy and cervical pain. The injured worker's past treatments were physical therapy, acupuncture, and medication. Surgical history was not provided for review. Upon examination on 04/02/2014 subjective complaints were lower back pain. The pain was described as a lump in the midlumbar with spasms which worsened with prolonged sitting. She has used a lumbar support for temporary relief which allowed her to continue functioning. She also experienced stiffness in her neck, arms, and shoulders. The pain was an 8 out of 10 on a VAS pain scale. She stated her medications had helped reduce stiffness and allowed satisfactory movement. The objective findings were pain with extension to the cervical spine and limited range of motion due to pain. Range of motion was also restricted to the lumbar spine with flexion due to pain. The medications included Flurbiprofen 20 percent cream and 150 mg of Tramadol. The treatment plan consisted of physical therapy 2 times a week for 3 weeks to increase flexibility, Flurbiprofen cream, and tramadol. The rationale for the medical request was not provided in the documentation submitted for review. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical applications Page(s): 112-113. Decision based on Non-MTUS Citation Anti-inflammatory.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s):) 111-112.

Decision rationale: The request for Flurbiprofen 20% cream is not medically necessary. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety and they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In regard to Flurbiprofen, the guidelines state 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. When investigated in this the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, however there are no long-term studies of their effectiveness or safety. Additionally, the guidelines specify that topical NSAIDs have not been evaluated for the treatment of conditions of the spine. Therefore, as this topical medication is only recommended for short-term use, and the injured worker is being treated for cervical and lumbar spine pain, continued use is not supported. Therefore, the request for Flurbiprofen 20% cream is not medically necessary.