MAXIMUS Federal Services

Case Number:	CM14-0079332		
Date Assigned:	07/18/2014	Date of Injury:	11/15/2013
Decision Date:	10/31/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/23/2014

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 Texas and Oklahoma. 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 38 year old male with a reported date of injury on 11/15/2013. The mechanism of injury was a motor vehicle accident. He was diagnosed with cervical sprain/strain, thoracic sprain/strain. Past treatment included medications, physical therapy, home exercises, chiropractic treatment and acupuncture. On 02/06/2014, the injured worker complained of intermittent mild to moderate achy, throbbing neck pain and stiffness associated with movement and prolonged looking down, as well as intermittent moderate achy upper/mid back pain and stiffness, associated with movement. Upon physical examination there was +3 tenderness to palpation of the cervical and thoracic paravertebral muscle. There were muscle spasms to the cervical paravertebral muscles. His medications included Cyclobenzaprine 10 mg three times a day as needed, Tylenol and Nebumetone 500 mg 1 tab twice a day as needed. The treatment plan included Capsaicin 240 grams, Flurbiprofen 240 grams and a urine toxicology. The rationale for the requested Flubiprofen 25% 240 gram was to provide an adjunctive treatment to allow a reduction in the total amount of oral medications required minimizing the potential side effects of oral medications and allow for an alternative when oral medication was not tolerated. The request for authorization form for Flurbiprofen 25% 240 gram was dated 02/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% 240 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: According to the California MTUS guidelines topical NSAIDs are primarily recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amendable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical non-steroidal anti-inflammatory agents for the spine hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support this use. The injured worker complains of +3 tenderness to palpation of the cervical paravertebral muscles and +3 tenderness to palpation of the thoracic paravertebral muscles. There is no indication that the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint amenable to topical treatment. There is a lack of documentation demonstrating the injured worker has tried first line oral medications which were ineffective or caused intolerable side effects. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the site at which the medication is to be applied, in order to determine the necessity of the medication. As such, the request for Flurbiprofen 25% 240 gram is not medically necessary.