

Case Number:	CM14-0204294		
Date Assigned:	12/16/2014	Date of Injury:	11/27/2001
Decision Date:	02/13/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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 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:

This individual is a 54 y/o female who has developed persistent cervical and low back subsequent to an injury 11/7/01. She also has had a diagnosis of carpal tunnel syndrome that has been operated on. MRI studies of the cervical spine revealed moderate lower cervical spondylosis with several levels of foraminal stenosis. No central stenosis was noted. The lumbar MRI revealed mild lower spondylosis with no nerve root impingement. She is treated with oral and topical analgesics with include Norco, Soma, Topical Cyclobenzaprine and topical Flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 gm Flurbiprofen Topical Cream 30 Day Supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Guidelines are clear that if an ingredient utilized in a topical analgesic is not FDA approved for topical use, that topical agent is not recommended. Topical Flurbiprofen is not FDA approved as a topical NSAID. If a topical NSAID was

warranted there is no medical reason why an FDA approved product could not be utilized. There are no unusual circumstances to justify an exception to Guidelines. The Flurbiprofen is not medically necessary.