MAXIMUS Federal Services

Case Number:	CM14-0208798		
Date Assigned:	12/22/2014	Date of Injury:	10/26/2009
Decision Date:	02/12/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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 Family Practice 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 is a 47-year-old female claimant sustained a work injury in October 2009 involving the low back, neck, right upper extremity and right hand. She was diagnosed with lumbar desiccated disc at L5 - S1, cervical disc disease, right carpal tunnel syndrome, right shoulder rotator cuff tear and psychological trauma. Electrodiagnostic studies of the lower extremities in June 2014 were normal. She had undergone a acupuncture treatments. She has been treated with opioids, muscle relaxers and Butrans patches in the past. A progress note on July 29, 2014 indicated claimant had 9/10 pain. Exam findings were notable for lumbar spinal tenderness, limited range of motion and decreasing sensation in the right inner leg. She was on Norco, cyclobenzaprine and Butrans at the time. In October 2014 , the claimant has continued back pain with similar exam findings and a positive straight leg raise test. The treating physician recommended an epidural steroid injection. A subsequent request was made to use Flurbiprofen for topical analgesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 300g #1: 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 MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.Flurbiprofen is a topical non-steroidal analgesic. It has not been evaluated for treatment of the spine, hip or shoulder. The claimant had already been taking oral analgesics. There was no indication for topical medications. In addition the length of time for use was not specified. The Flurbiprofen is not medically necessary.