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| Case Number: | CM15-0003890 | | |
| Date Assigned: | 01/14/2015 | Date of Injury: | 04/23/2013 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 12/31/2014 |
| Priority: | Standard | Application Received: | 01/07/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 54 year old male, who sustained an industrial injury on 04/23/2013. The diagnoses have included minor scoliosis of the cervical spine per MRI, C5-6 disc protrusion up to 2mm with indentation to spinal cord, neuroforaminal stenosis, status post grade III superior labral SLAP (superior labral tear from anterior to posterior) tear to the left shoulder, and partial thickness rotator cuff tear status post surgery. Treatments to date have included shoulder surgery on 05/16/2014, physical therapy, home exercises, and medications. Diagnostics to date have included MRI which revealed C5-6 disc protrusion up to 2mm with indentation. In a progress note dated 12/16/2014, the injured worker presented with complaints of weakness and numbness of his left upper extremity. The treating physician reported moderate limitation of range of motion of cervical extension, flexion, and rotation and postoperative recovery has been delayed because of cervical spinal stenosis and radiculopathy left upper extremity. Utilization Review determination on 12/30/2014 non-certified the request for 1 Prescription of Topical Compounded DIFLUR to include Flubiprofen 25% and Diclofenac 10% #120gm citing American College of Occupational and Environmental Medicine, Official Disability Guidelines, and National Guidelines Clearinghouse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound DIFLUR to include Flurbiprofen 25 Percent and Diclofenac 10 Percent #120 Gram: 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 based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical compound DIFUR to include Flurbiprofen 25% and Diclofenac 10% #120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are 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. Topical Diclofenac (gel) is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment. It has not been evaluated for treatment of the spine, hip or shoulder. Diclofenac topical solution is FDA approved for osteoarthritis of the knee. Diclofenac topical patch is indicated for acute sprains, strains and contusions. Flurbiprofen is not FDA approved for topical use. In this case, the injured workers working diagnoses are status post grade III superior labral tear SLAP tear to the left shoulder; minor scoliosis of the cervical spine, per MRI; partial thickness rotator cuff tear, s/p surgery; C4-C5 disc protrusion up to 2 mm with indentation to the spinal cord; neuroforaminal stenosis; swelling of the hand is decreasing, restricted ROM post surgery which is slowly improving. Subjectively, the age worker complains of pain in the left shoulder and is status post surgery May 16, 2014. He complains of neck pain with the C5 - C6 this protrusion with indentation of the spinal cord. Objectively, range of motion of the left shoulder is limited. Any compounded product that contains at least one drug (Flurbiprofen not FDA approved for topical use) that is not recommended is not recommended. Topical Diclofenac (gel) is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment. The documentation does not indicate the workers suffering from osteoarthritis. Consequently, topical compound DIFUR to include Flurbiprofen 25% and Diclofenac 10% is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, topical compound DIFUR to include Flurbiprofen 25% and Diclofenac 10% #120 g is not medically necessary.