

Case Number:	CM15-0101042		
Date Assigned:	06/03/2015	Date of Injury:	08/28/2012
Decision Date:	07/01/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/26/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 34 year old female who sustained an industrial injury on 8/28/12 while attempting to turn a king size mattress which then fell onto her right upper extremity and neck forcing them into extension and retraction as well as the shoulder joint into extension and external rotation. Since the injury, she has had increasing neck pain. She currently complains of neck pain radiating into her right arm with a burning tingling throbbing sensation. Her pain level is 4/10 and 8/ 10 with activities and without medication. On physical exam, there is significant myofascial pain and spasming of the deep cervical fascia as well as her trapezius muscles with tenderness on palpation of cervical facets. Spurling's test is positive bilaterally. Her activities of daily living are compromised because of right arm symptoms and she needs assistance with basic needs. Medications are Butrans patch, Celebrex, Protonix, Fexmid, naproxen, topical creams, Ambien, nabumetone. Diagnoses include cervical degenerative disc disease; right shoulder radicular symptoms; myofascial pain cervical and right shoulder region; brachial radiculitis; cervicgia; traction injury of the right brachial plexus; right cervical brachial syndrome; carpal tunnel syndrome; muscle spasms; insomnia; gastritis. Diagnostics include nerve conduction studies that were positive for abnormality of the brachial plexus; MRI showed annular fissure at C4-5. In the progress note dated 4/15/15 the treating provider's plan of care includes a request for Flurbiprofen 20% to alleviate myofascial neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 Percent Topical Cream (No Qty): 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request Flurbiprofen 20 Percent Topical Cream (No Qty) is not medically necessary.