

Case Number:	CM15-0143101		
Date Assigned:	08/04/2015	Date of Injury:	06/07/1999
Decision Date:	09/22/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/23/2015

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 58-year-old female, who sustained an industrial injury on June 7, 1999. She reported neck pain, headache secondary to muscle spasm, left hand grip weaker than the right, bilateral hand swelling and hypersensitivity to pain, mid thoracic pain and paraspinous muscle spasm on the right, mid and low back pain and bilateral carpal tunnel pain with associated tingling and numbness of the hands. The injured worker was diagnosed as having reflex sympathetic dystrophy of the bilateral hands, insomnia, cervical, thoracic and lumbar discogenic syndrome, muscle spasms and tendinitis. Treatment to date has included diagnostic studies, thoracic epidural injection, medications and work restrictions. Currently, the injured worker continues to report neck pain, headache secondary to muscle spasm, left hand grip weaker than the right, bilateral hand swelling and hypersensitivity to pain, mid thoracic pain and paraspinous muscle spasm on the right, mid and low back pain and bilateral carpal tunnel pain with associated tingling and numbness of the hands. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 25, 2015, revealed continued pain. She was noted to use oral and topical medications for pain. She rated her pain at 4 on a 1-10 scale with 10 being the worst. Evaluation on March 25, 2015 revealed continued left arm pain and weakness, mid thoracic pain, low back pain and swelling and pain in the bilateral hands. She reported previous cervical epidural steroid injection provided relief of the left arm weakness and upper extremity pain and tingling however the last injection was in 2013 and the

symptoms had returned. Medications included Neurontin 300 mg BID, Elavil, Vicodin ES 7.5 mg QID, Anaprox 550mg BID, Prilosec and Norco 10/325 mg. She reported she was able to keep her pain medications at a minimum and found the topical and oral medications more beneficial after injection. She rated her pain at 4 on a 1-10 scale with 10 being the worst. It was noted she had gastrointestinal upset and constipation at times with the use of oral medications. The physician noted she needed topical compounds to decrease the need for oral medication use. Evaluation on June 8, 2015, revealed continued pain as noted rated at 4 on a 1-10 scale with 10 being the worst. She continued to be prescribed Neurontin 300 mg BID, Elavil, Vicodin ES 7.5 mg QID, Anaprox 550mg BID, Prilosec and Norco 10/325 mg. Flurbiprofen was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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 recommends 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. Additionally, the quantity and dose of medication is not specified in this request. As such, the request for Flurbiprofen is not medically necessary.