

Case Number:	CM15-0147069		
Date Assigned:	08/11/2015	Date of Injury:	06/09/2014
Decision Date:	09/23/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/28/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on 6-9-14. She reported a right shoulder injury. The injured worker was diagnosed as having cervical musculoligamentous strain-sprain, right shoulder strain-sprain, right shoulder impingement syndrome, right shoulder rotator cuff tear and right shoulder tendinitis-bursitis. Treatment to date has included 7 sessions of chiropractic therapy, physical therapy, Mobic and activity modifications. Currently on 6-4-15, the injured worker complains of pain in the neck rated 7-8 out of 10 (increased from last visit 6 out of 10) and right shoulder rated 9 out of 10 (increased from last visit 6 out of 10). Work status is noted to be temporary partial disability. Physical exam performed on 6-4-15 revealed tenderness to palpation over the cervical paraspinal muscles with restricted range of motion, unchanged from previous visit and right shoulder tenderness to palpation with restricted range of motion, unchanged from previous visit. The treatment plan included Flurbi cream, Gabacloctram cream, continuation of chiropractic treatment and shockwave treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flurbi (NAP) cream-LA 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: The current request is for Retro Flurbi (NAP) cream-LA 180gm. Treatment to date has included 7 sessions of chiropractic therapy, physical therapy, Mobic and activity modifications. The patient is temporary partial disability. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." For Flurbiprofen, MTUS states, the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment. Per report 06/04/15, the patient presents with chronic right shoulder and neck pain. Examination revealed tenderness to palpation over the cervical paraspinal muscles with restricted range of motion, and right shoulder tenderness to palpation with restricted range of motion, unchanged from previous visit. This is a request for Flurbi cream. MTUS allows for topical NSAID for peripheral joint arthritis/tendinitis that are amendable to topical treatment like the knee or elbow. The patient suffers from chronic shoulder and neck pain and does not meet the indication for this topical cream; therefore, this request IS NOT medically necessary.