

Case Number:	CM15-0163643		
Date Assigned:	08/31/2015	Date of Injury:	05/16/1997
Decision Date:	09/30/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on May 16, 1997, incurring injuries to her head and neck radiating to her shoulders, arms and wrists from repetitive motions. She was diagnosed with cervical disc disease, cervical spondylosis and cervical stenosis. Treatment included a surgical cervical spine fusion, physical therapy, pain medications, muscle relaxants, acupuncture, Electromyography studies, and modified activities. Currently, the injured worker underwent surgical removal of a cervical plate secondary to difficulty swallowing. She noted decreased range of motion of her neck with tenderness of the cervical muscles. The treatment plan that was requested for authorization included a prescription for Flurbiprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi (NAP) cream 180 gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in May 1997. She underwent a cervical spine fusion in August 2013 with revision surgery in August 2014 and, on 06/01/15 underwent fusion plate removal. When seen, her swallowing has improved. Physical examination findings included decreased cervical spine range of motion with mild paraspinal and trapezius muscle tenderness. There was mild bilateral deltoid weakness and decreased right upper extremity sensation. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. The claimant has not had a trial of topical Diclofenac and this medication was not medically necessary.