

Case Number:	CM15-0168813		
Date Assigned:	09/09/2015	Date of Injury:	07/11/2009
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 July 11, 2009. She reported left shoulder pain. The injured worker was diagnosed as having left shoulder rotator cuff injury, left shoulder sprain and strain injury, left shoulder adhesive capsulitis and left frozen shoulder. Treatment to date has included diagnostic studies, conservative care, home exercises, medications and work restrictions. Currently, the injured worker continues to report left shoulder pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 19, 2015, revealed continued pain as noted. It was noted Tylenol #3 was recommended for severe pain especially at night. It was noted she had positive impingement signs on the left and painful range of motion of the left shoulder with abduction and flexion. Topical analgesics were continued and home exercises were encouraged. Evaluation on May 21, 2015, revealed continued pain as noted. She noted the pain was increasing in the left shoulder. It was noted the injured worker was interested in attending a functional restoration program. Evaluation on July 30, 2015, revealed worsening pain in the left shoulder. She also noted no stomach upset and no side effects with medications. The assessment of the left shoulder revealed no significant changes from the last visit. Flubiprofen was continued. The RFA included requests for Flurbiprofen 20% in UL 120 grams (apply to affected area 2 times per day) and Flurbiprofen 20% in UL 30 grams (apply to affected area 2 times per day) and was non-certified on the utilization review (UR) on August 4, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% in UL 30 grams (apply to affected area 2 times per day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed; Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. The claimant had been on topical Ketoprofen (another topical NSAID) prior to Flurbiprofen. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The Flurbiprofen 30 gm is not medically necessary.

Flurbiprofen 20% in UL 120 grams (apply to affected area 2 times per day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed; Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. The claimant had been on topical Ketoprofen (another topical NSAID) prior to Flurbiprofen. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The Flurbiprofen 120 mg is not medically necessary.