MAXIMUS Federal Services

Case Number:	CM15-0183235		
Date Assigned:	09/24/2015	Date of Injury:	05/13/2013
Decision Date:	10/30/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/17/2015

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: Preventive Medicine, Occupational 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 31 year old female, who sustained an industrial injury on 5-13-2013. The injured worker is undergoing treatment for lumbar and cervical spine injuries, gastro-esophageal reflux disease, lumbar disc protrusions and lumbar radiculitis. On 6-3-14, she reported gastrointestinal distress, which she is noted to believe begun after her injury. She also reported difficulty taking oral analgesics due to issues with her stomach. Physical examination revealed an abdomen that was soft, no organomegaly, guarding or tenderness is noted. This report indicated she had complained of abdominal pain and been diagnosed and treated for H-pylori in June 10, 2013. On 8-4-15, she reported increased low back pain with radiation into the buttocks. Physical examination revealed normal gait, tenderness and spasm, decreased range of motion and negative straight leg raise testing in the low back. The provider noted she had previously benefited from topical analgesics. The treatment and diagnostic testing to date has included: AME (6-3-14) who indicated her reflux was a result of non-steroidal anti-inflammatory medications, medications, CT scan of the abdomen and pelvis (2-20-2013) revealed no evidence of bowel obstruction; magnetic resonance imaging of the lumbar spine (6-19-13), magnetic resonance imaging of the brain (12-12-12), home exercise program. Medications have included: Protonix, Imitrex, Tetracycline, Voltaren, Tylenol, Motrin, Robaxin, Amerge, Vicodin, Albuterol, Zoloft, Wellbutrin, Prevpac, Diflucan, Celebrex, Skelaxin. Tetracycline is noted to cause hives. Current work status: regular duty. The request for authorization is for: Flurbiprofen 20 percent. The UR dated 8-31-2015: non-certified the request for Flurbiprofen 20 percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Although the available documentation reveals that the injured worker is unable to tolerate oral NSAIDs, there is no clear indication that she suffers from osteoarthritis that would benefit from the use of a topical NSAID. Additionally, topical flurbiprofen is not an FDA approved formulation; therefore, the request for Flurbiprofen 20% is determined to not be medically necessary.