

Case Number:	CM15-0192439		
Date Assigned:	10/08/2015	Date of Injury:	12/13/2013
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina, Georgia
 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 46 year old male, who sustained an industrial injury on 12-13-2013. He reported pain in the neck, shoulders, upper back, head, lower back, and left leg as well as hearing loss, difficulty sleeping, and digestive symptoms as a result of repetitive activities. Diagnoses include status post cerebral concussion, right orbit pain with blurred vision and hearing problems, cervical sprain-strain with radiculopathy, lumbar sprain-strain with radiculopathy, and right shoulder sprain-strain, as well as seasonal affective disorder (SAD) and gastrointestinal complaints-diarrhea. Treatments to date include activity modification, Naproxen and Flurbiprofen (since at least 3-25-15), physical therapy, and therapeutic injections to bilateral shoulders. On 8-17-15, he complained of ongoing pain in the neck, low back, bilateral shoulder, and right eye with blurry vision noted. Current medications included Naproxen and Flurbiprofen topically. The provider documented "medications are helpful." The physical examination documented no acute or abnormal findings. The plan of care included ongoing medication therapy. The appeal requested authorization for prescriptions including Flurbiprofen cream with one refill and Naproxen 500mg #60 with one refill. The Utilization Review dated 9-10-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Flurbiprofen cream with 1 refill: 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: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. The requested cream contains Flurbiprofen, menthol and capsaicin. Menthol is not a recommended topical analgesic. As such, Flurbiprofen compounded cream is not medically necessary and the original UR decision is upheld.

1 prescription of Naproxen 500mg #60 with 1 refill: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CA MTUS guideline are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Naprosyn 500 mg #60 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Naprosyn. Naprosyn 500 mg #60 is not medically necessary.