

Case Number:	CM15-0199850		
Date Assigned:	10/15/2015	Date of Injury:	05/12/1997
Decision Date:	11/30/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/12/2015

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: Emergency 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 54 year old female, who sustained an industrial injury on 5-12-1997. The injured worker is undergoing treatment for: rheumatoid arthritis, myalgia and myositis. On 8-21-15, she reported total body pain, chronic fatigue, and sleeping issues. She indicated she felt stable with methotrexate and Enbrel. She also reported pain to the bilateral hands, knees and low back. Objective findings revealed rheumatoid arthritis deformities of the hands, normal neurologic examination. The treatment and diagnostic testing to date has included: urine toxicology (8-21-15) reported as in compliance, bloodwork (7-15-15). Medications have included: methotrexate, and Flurbiprofen cream. It is unclear how long she has been utilizing Flurbiprofen cream. Current work status: off work. The request for authorization is for: Flurbiprofen cream AAA, Methotrexate 2.5mg once weekly. The UR dated 9-16-2015: non-certified the request for Flurbiprofen cream AAA and certified the request for Methotrexate 2.5mg once weekly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen cream AAA: Upheld

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

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

Decision rationale: As per MTUS chronic pain guidelines, topical analgesics are considered experimental with poor evidence to support its use. Topical NSAIDs are shown to be superior to placebo but should not be used long term. It may be useful in osteoarthritic pain, however patient has Rheumatoid arthritis which has little evidence to support topical NSAIDs. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary.