

Case Number:	CM15-0208334		
Date Assigned:	10/27/2015	Date of Injury:	10/25/2006
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/22/2015

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 62 year old female, who sustained an industrial injury on October 25, 2006, incurring neck and upper back injuries. She was diagnosed with cervical myofascial pain, and paresthesia. Treatment included pain medications, muscle relaxants, anti-inflammatory drugs, neuropathic medications and topical analgesic cream, home exercise program, cervical traction, transcutaneous electrical stimulation unit and modified activities. Currently, the injured worker complained of persistent neck pain with decreased range of motion. The increased pain limited her activities of daily living including and reaching activities, carrying and lifting. The treatment plan that was requested for authorization included retrospective prescription for Flurbiprofen compound medication #54. On September 30, 2015, a request for Flurbiprofen compound medication was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Flurbiprofen Compound Medication QTY: 54: 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: The claimant has a remote history of a work injury occurring in October 2006. In April 2015 she was seen for issues related to pain but it was not clear what her real issues were. She had just been prescribed Percocet. There was a decreased cervical lordosis and upper trapezius and levator scapular tenderness with taut bands. Flexeril and Prilosec were refilled. Pain creams were provided. In June 2015 she was taking Percocet one time per day. She had last been seen for her low back, right shoulder, and neck in January 2015. She was continuing to use cervical traction. Pain was rated at 5-6/10. Physical examination findings were unchanged. Pain medications were renewed. These included cyclobenzaprine cream and ibuprofen cream. Prilosec was continued due to nausea and gastric upset attributed to NSAID medication. 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. Without a trial and therapeutic failure of topical diclofenac topical flurbiprofen is not medically necessary.