

Case Number:	CM15-0028079		
Date Assigned:	02/20/2015	Date of Injury:	09/07/2012
Decision Date:	04/07/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 62 year old female who sustained an industrial injury on 09/07/12. She reports mild headaches at the back of her head, intermittent neck pain with radiation to the right upper extremity, intermittent right shoulder pain, and intermittent low back pain radiating to the right lower extremity. Diagnoses include cervical spine herniated nucleus pulposus with right upper extremity radiculopathy, thoracic and right shoulder and lumbar spine musculoligamentous sprain/strain, and insomnia due to orthopedic injury. Treatments to date include medication and cervical neck fusion. In a progress note dated 01/26/15 the treating provider recommends continued medication, including Ultram and flurbiprofen / ketoprofen / ketamine cream and gabapentin/cyclobenzaprine/capsaicin cream. On 02/10/15 Utilization Review non-certified the flurbiprofen cream, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen 100% #120 (15 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications; Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Flubiprofen. Furthermore, oral form of this medication was not attempted, and there is no documentation of failure or adverse reaction from its use. There is no documentation of failure or adverse reaction from first line oral medications. Based on the above, the use of Flubiprofen 100% cream is not medically necessary.