

Case Number:	CM15-0212506		
Date Assigned:	11/02/2015	Date of Injury:	10/25/2012
Decision Date:	12/14/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/28/2015

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 was a 62 year old male, who sustained an industrial injury, October 25, 2012. The injured worker was undergoing treatment for cervical pain with probable radiculopathy, right shoulder post arthroscopy with rotator cuff repair and tendinosis biceps and rotator cuff, degenerative arthritis, glenohumeral joint and arthrofibrosis of the right shoulder. According to progress note of September 3, 2015, the injured worker's chief complaint was upper shoulder and back pain. The pain was described as constant, aching and sharp. The pain was rated at 6 out of 10 with pain medication and 8 out of 10 without. The physical exam noted the injured worker was alert, well nourished, well developed, healthy appearing and in no acute distress. Lungs where clear to auscultation bilaterally and heart sounds were regular rate and rhythm without murmur. The injured worker previously received the following treatments Nabumetone, Norco, urine drug screening on March 9, 2015 which was negative for any unexpected findings and topical ointment of Flurbiprofen 25%, Lidocaine 5% 12 grams since March 5, 2015. The RFA (request for authorization) dated September 3, 2015, the following treatments were requested a prescription for a topical ointment of Flurbiprofen 25%, Lidocaine 5% 12 grams for shoulder pain. The UR (utilization review board) denied certification on September 22, 2015; for a prescription for a topical ointment of Flurbiprofen 25%, Lidocaine 5% 12 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% Lidocaine 5% 120gm: 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 sustained a work injury in October 2012 when he had right shoulder pain while using a tree trimmer. He underwent a right subacromial decompression with rotator cuff repair in July 2013. He continues to be treated for neck pain, right shoulder and arm pain, and headaches. When seen, medications were decreasing pain from 8/10 to 6/10. Physical examination findings included restricted neck movement with pain. There was paraspinal tenderness. He had a normal body mass index. Medications were Norco, Relafen, and topical compounded cream. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant is also taking Relafen, an oral NSAID, and prescribing a topical NSAID is duplicative. Additionally, 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. If a topical NSAID was being considered, a trial of generic topical diclofenac would be indicated before consideration of use of Flurbiprofen. The request is not medically necessary.