

Case Number:	CM15-0215502		
Date Assigned:	11/05/2015	Date of Injury:	05/17/2011
Decision Date:	12/16/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/02/2015

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

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 45-year-old female, who sustained an industrial injury on 5-17-2011. The injured worker is undergoing treatment for: neck pain, right elbow and right shoulder pain. On 7-20-15, she reported completing 12 post-operative therapy sessions with improvement. She indicated she had continued right shoulder pain and weakness, which was decreased after surgery and therapy. Objective findings revealed decreased range of motion of the right shoulder, full passive range of motion with noted pain, decreased strength of the rotator cuff muscles, tenderness over the shoulder area, and decreased sensation over the right suprascapular distribution. On 8-19-15, she reported right shoulder pain was improving slowly and increased right elbow pain. Physical examination revealed decreased right shoulder range of motion, edema over the lateral elbow and forearm, tenderness "over the anterior lateral forearm over the extensor carpi radialis brevis and longus tendons and also over the lateral epicondyle". The treatment and diagnostic testing to date has included: right lateral epicondylitis release (7-11-13), right shoulder surgery (date unclear), QME (8-13-15), MRI of the cervical spine (10-2-14), MRI of the right elbow (12-2-14), electrodiagnostic studies (12-11-14), multiple sessions of physical therapy, and home exercise program. Medications have included: Anaprox, Protonix, Flurbiprofen topical compound. Current work status: off work. The request for authorization is for: Flurbiprofen 120 grams quantity one. The UR dated 10-1-2015: non-certified the request for Flurbiprofen 120 gram quantity one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 120gm #1, per 08/21/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical analgesic NSAID formulations are not indicated for long-term use and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options but rather the diagnosis of elbow and shoulder pain. Therefore, criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.