

Case Number:	CM15-0040836		
Date Assigned:	03/11/2015	Date of Injury:	04/02/2009
Decision Date:	10/13/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 54-year-old female who sustained an industrial injury on 04-02-2009. She reported right arm, neck, and back pain. The injured worker was diagnosed as having Lumbalgia, Pain in Joint Shoulder, Displaced Cervical Disk, Spinal Stenosis, Brachial Neuritis, Cervical Spondylosis, and Opioid type dependence. Treatment to date has included medications, medication management, massage, and injections. Tests include MRI cervical spine (07-10-14) that revealed a C5-C6 2.5 midline disc protrusion with mild central canal narrowing, and a 2.5 mm left foraminal disc osteophyte complex with abutment of the exiting left nerve root. An EMG/NCS (electromyogram/nerve conduction study) on 08-25-2014 revealed bilateral Carpal Tunnel Syndrome, severe on right, mild to moderate on the left, and no evidence of cervical radiculopathy, brachial plexopathy, or other peripheral nerve entrapment. Currently, the injured worker complains of constant pain that is characterized as sharp, throbbing and burning. Walking, standing and activity increases her pain. Pain is decreased by lying down, medication and rest. On exam, she has severely decreased range of motion in the neck with more restricted turning on the left side than on the right. Pain is present in the right 4th and 5th fingers and is exacerbated by neck extension. She has numbness in her first 3 fingers, and radicular pain is increased by pronation and supination of the hand. Her grip strength is weak, and decreased deep tendon reflexes at the right biceps. The worker is right hand dominant and her left upper arm is paralyzed, so pain with use of the right hand severely limits her activities of daily living. The worker has a signed a pain management agreement with her pain management clinic and

receives oral and topical medications. A request for authorization was submitted for Flurbiprofen 240 Gram #1. A utilization review decision (02-05-2015) denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 240 Gram #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 240 g #1 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are lumbalgia; pain in joint shoulder: cervical radiculopathy; disk displacement C5 through C6 and C6 through C7; tendinitis right shoulder; diabetes and hypertension. Date of injury is April 2, 2009. Request for authorization is January 6, 2015. According to a progress note dated December 18, 2014, there is no clinical indication, rationale discussion of topical analgesic (Flurbiprofen). Subjectively, the injured worker has right arm pain, neck and back pain 8/10. Current medications include Meloxicam and a trial of gabapentin. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of failed anticonvulsants (gabapentin). Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbiprofen 240 g #1 is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 240 g #1 is not medically necessary.