

Case Number:	CM15-0086544		
Date Assigned:	05/08/2015	Date of Injury:	07/18/2013
Decision Date:	06/11/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/05/2015

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

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 21 year old female, who sustained an industrial injury on 7/18/13. She has reported initial complaints of abrupt onset of chest pain after lifting a 50 gallon garbage bag and throwing it. The diagnoses have included chest wall contusion and chest pain. Treatment to date has included topical analgesic cream, by mouth medications, activity modifications, and stretching exercise. Currently, as per the physician progress note dated 4/10/15, the injured worker complains of the same odd pain that does not seem to get better. She complains of musculoskeletal and thoracic chest pain and has tried Topical Flurbiprofen over the chest and upper back and it seemed to help. She also reports that she still has a sensation of her ribs popping and it does not seem to get any better. She states the odd sensation of her ribs opening continues to affect her. She states that nothing really helps and she has tried exercising which makes her worse. She is taking nothing for the pain and discomfort. The physical exam revealed no distress, lungs clear to auscultation, and there was no tenderness over the chest with deep palpation and no visible deficits noted when she climbed upon the exam table. The urine drug screen dated 2/13/15 was consistent with medications prescribed. Treatment plan was to continue the use of the topical Flurbiprofen as needed, advised to start yoga and stretching exercises, deep breathing exercises, walking and follow up in 4 weeks. Work status is limited duty with restrictions. She is considered permanent and stationary after 5/21/14. The physician requested treatment included Topical Flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Flurbiprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAID Page(s): 111-3.

Decision rationale: Regarding the request for this topical NSAID, the Chronic Pain Medical Treatment Guidelines state that topical NSAIDs are recommended for short-term use of 4-12 week duration for body regions that are amenable to topical treatment. Specifically, the CPMTG state: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." A review of the submitted medical records indicates that the primary use of this topical is for rib and thoracic spine level pain, an area specifically not recommended for use due to scant evidence. Given this, this request is not medically necessary.