

Case Number:	CM15-0087858		
Date Assigned:	05/12/2015	Date of Injury:	02/12/2013
Decision Date:	06/17/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 52-year-old female, who sustained an industrial injury on February 12, 2013. The injured worker was diagnosed as having subacromial bursitis, carpal tunnel syndrome, cervical spondylosis with radiculopathy, lateral epicondylitis, calcific tendinitis of the shoulder, cervical spondylosis, anxiety state, and myofascial pain. Treatment to date has included MRIs and medication. Currently, the injured worker complains of pain in the front of her shoulder to the right elbow, pain and weakness in the neck and right leg, pain in her breast seroma, depression, and sleep disturbance. The Treating Physician's report dated April 16, 2015, noted the injured worker's medications as topical analgesic cream, Bupropion, Butrans, Clonazepam, Levothyroxine, Methylphenidate, Tamoxifen, Tramadol, and Viibryd. The report did not include physical examination findings. The treatment plan was noted to include discontinued use of Tramadol, Butrans patch to control pain, continued analgesic cream to her shoulder, and a MRI of her right shoulder for her worsening condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen cream 30 gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

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

Decision rationale: MTUS notes topical NSAIDS and other agents are 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). Ketoprofen cream may be used in peripheral joint arthritis such as knee and is not supported under MTUS for use on spine. The medical records note use of ketoprofen for the spine and also reports an allergy to NSAIDS due to kidney disease. Topical NSAIDS carry same risk due to systemic absorption. As such, the medical records provided for review do not support use of flurbiprofen cream congruent with MTUS guidelines. Therefore, the request is not medically necessary.