

Case Number:	CM13-0042903		
Date Assigned:	12/27/2013	Date of Injury:	02/22/2010
Decision Date:	06/16/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year-old male status who has reported shoulder and back pain after an injury on 2/22/10. He has been diagnosed with rotator cuff tear and adhesive capsulitis. Treatment has included shoulder surgery, Norco, Flexeril, Gabapentin, Medrox patches, Flurbiprofen, and physical therapy. On 9/13/13 the treating physician discussed ongoing shoulder pain, poor shoulder range of motion, and recommended topical Flurbiprofen. He did not discuss the specific reasons why Flurbiprofen should be used in place of a standard, FDA-approved, off-the-shelf topical Non-Steroidal Anti-Inflammatory Drugs (NSAID). On 10/10/13, Utilization Review non-certified 20% Flurbiprofen gel, noting the lack of indications per the MTUS. This Utilization Review decision was appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF FLURBIPROFEN 20% GEL 120 GM, APPLY TO AFFECT AREA 2-3 TIMES A DAY AS DIRECTED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN, TOPICAL MEDICATIONS Page(s): 60, 111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the Topical Flurbiprofen prescribed in this case. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen in topical form is not FDA-approved and cannot be assumed as equivalent to a topical Non-Steroidal Anti-Inflammatory Drugs (NSAID) that has received FDA approval. The MTUS discusses the use of topical NSAID for short term pain relief in the extremities caused by OA or tendonitis, and notes the FDA-approved NSAIDs (diclofenac). The treating physician has not discussed the intended duration of use for Flurbiprofen and has not provided medical evidence as to why a non-FDA, experimental drug should be used when an FDA-approved version is available. Topical Flurbiprofen is not medically necessary based on the MTUS and lack of FDA approval.