

Case Number:	CM14-0121985		
Date Assigned:	09/16/2014	Date of Injury:	10/13/1998
Decision Date:	10/23/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/01/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 55 year old female claimant who reported an industrial injury on October 13, 1998. The claimant has cervical, right shoulder and wrist pain. Subsequently the claimant has undergone shoulder surgery and carpal tunnel release. She continues with chronic pain and remains on opioid medications as well as topical analgesics of which one is a compounded Diclofenac 10% and Flurbiprofen 25% preparation. There is no documentation of other subjective reports that they are helpful in relieving her symptoms and her opioid use has not decreased from the use of Topicals. The request is for compounded Flurbiprofen and Diclofenac 120 gram tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% Diflofenac 10% #120gm tube 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010, Physicians Desk Reference, 68th ed. www.RxList.com, www.odg-twc.com/odgtwc/formulary.htm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics

Decision rationale: This is 55 year old female claimant who reported an alleged industrial injury on October 13, 1998. The claimant has chronic cervical, right shoulder and wrist pain. There is a request for compounded topical cream of Diclofenac 10% and Flurbiprofen 25%. Diclofenac is readily available as Voltaren gel but at a 1% concentration. There is no medical literature to support the compounding with another NSAID, Flurbiprofen nor are the strengths of the medication approved by the FDA for use as such. There are no randomized clinical trials to support any accretive or additive benefit the combination of the two NSAIDs. Furthermore ODG does not support topical NSAIDs for use in neuropathic pain, so application to the cervical spine for radiculopathy is not necessary. ODG does support topical NSAID analgesics in treating osteoarthritis pain. There is no evidence of crepitus or imaging revealing degenerative changes of osteoarthritis. Finally topical NSAIDs may be used when oral NSAIDs have failed either in efficacy or from complications of therapy (e.g. GI side effects, hypertension). Although these side effects are not completely mitigated from topical use, one needs to document failure of oral NSAIDS before considering a switch to topical NSAIDs. Therefore the requested compounded topical analgesics is not medically necessary.