MAXIMUS Federal Services

Case Number:	CM14-0129834		
Date Assigned:	09/22/2014	Date of Injury:	09/24/2010
Decision Date:	10/21/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation 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:

The patient is a 40 year old male who was injured on 9/24/2010. The mechanism of injury is unknown. His medication history included hydrocodone, clonazepam and trazodone. He has been treated conservatively with chiropractic care but the amount of sessions are unknown. The patient underwent left arthroscopic shoulder surgery dated May 2014. Progress report dated 8/05/2014 indicates the patient presented with complaints of severe sharp constant pain into the bilateral shoulders. According to the patient, his pain medications help to decrease the pain level into the left shoulder to 3-4/10. He has frequent pain associated with weakness. He rated his pain 5-6 in right shoulder. Objective findings during examination revealed gait is normal; painful and full motion of shoulder with good strength; Spurling's sign is positive and tenderness was present. The patient was diagnosed with status post left arthroscopic surgery and sleep disturbance. The patient was recommended Flurbiprofen compounded topical analgesic. Prior utilization review dated August 5, 2014 by [redacted] indicated the request for Flurbiprofen compounded topical #120 is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen compounded topical #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Flurbiprofen is an NSAID. Guidelines indicate that topical NSAIDs are recommended for short-term use for osteoarthritis and tendinitis of knee, elbow or other joint. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The medical records indicate that the patient presents with shoulder pain. The medical necessity of this request is not established according to the guidelines.