

Case Number:	CM14-0130836		
Date Assigned:	08/29/2014	Date of Injury:	02/13/2012
Decision Date:	09/26/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family Practice 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:

Female claimant sustained a work injury on 2/13/12 involving the shoulder. She was diagnosed with rotator cuff strain and shoulder derangement. There was documentation of prior use of Flurbiprofen powder for topical pain relief in October 2013. In July 2014, Flurbiprofen powder along with 75 mg Ketoprofen capsules were provided for pain . The length of use and location of application are not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen powder 30gm (DOS 7/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Flurbiprofen is a topical non-steroidal anti-inflammatory drug (NSAID). According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little evidence to utilize topical non-steroidal anti-

inflammatory drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder. Based on non-specific length of use and poor clinical evidence, the Flurbiprofen powder is not medically necessary.

Retrospective request for Ketoprofen 75mg capsule #60 (DOS 7/10/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are indicated for arthritis for the hip, knee and spine. They are 2nd line treatment for chronic pain after Tylenol. There is no indication of Tylenol failure. In addition, there is no indication of length of use of the Ketoprofen. Based on the lack of evidence and supporting documentation, the Ketoprofen is not medically necessary.

Retrospective request for Flurbiprofen powder 6gm (DOS 7/10/14): 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): 111-112.

Decision rationale: Flurbiprofen is a topical non-steroidal anti-inflammatory drug (NSAID). According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Non-steroidal anti-inflammatory drug are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Based on non-specific length of use and poor clinical evidence, the Flurbiprofen powder is not medically necessary.