

Case Number:	CM14-0162572		
Date Assigned:	10/07/2014	Date of Injury:	07/11/2014
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/03/2014

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 Medicine and is licensed to practice in Ohio. 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 injured worker is a 51 year old female with a cumulative trauma injury from 10-1-2005 through 7-11-2014. She complains of bilateral shoulder pain, neck pain, low back pain, and bilateral wrist pain with numbness and tingling in the fingers. The last progress note available for review is from 9-23-2014. The physical exam reveals non-specific tenderness to the shoulders with diminished range of motion bilaterally, cervical facet and paraspinal muscle tenderness throughout with diminished range of motion, normal upper extremity strength, reflexes, and sensation, non-specific tenderness of the wrists with a positive Phallen's test, and diminished lumbar range of motion with tenderness to the facet joints and paraspinal musculature. The diagnoses were bilateral shoulder sprain/strain, cervical strain/sprain rule out radiculopathy, lumbar sprain/strain rule out radiculopathy, and bilateral wrist pain. The treating physician has ordered x-rays of the cervical, thoracic, and lumbar spine, and right wrist and an MRI scan of the cervical spine, lumbar spine, and right wrist. The records reviewed do not show results of or any reference to any completed imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Topical Cream: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Pain, Topical anti-inflammatories

Decision rationale: The Official Disability Guidelines recommend non-steroidal anti-inflammatory agents (NSAIDs) such as flurbiprofen for the following indications: Acute pain: Recommended for short-term use (one to two weeks), particularly for soft tissue injuries such as sprain/strains. According to a recent review, topical NSAIDs can provide good levels of pain relief for sprains, strains, and overuse injuries, with the advantage of limited risk of systemic adverse effects as compared to those produced by oral NSAIDs. They are considered particularly useful for individuals unable to tolerate oral administration, or for whom it is contraindicated. In this instance, there is no quantity of topical flurbiprofen specified and no directions for use can be found. Hence, there is no way to ascertain the intended duration of therapy or intended site of application. There is also no indication as to why the injured worker cannot take oral nonsteroidal anti-inflammatories. Hence, Flurbiprofen 20% Topical Cream is not medically necessary per the referenced guidelines.

TGice (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% Flurbiprofen 20%): Upheld

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

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

Decision rationale: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended as there is no peer-reviewed literature to support use topically. TGice (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% Flurbiprofen 20%) is a compounded formulation which contains a non-recommended component. Therefore, TGice (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% Flurbiprofen 20%) is not medically necessary under the referenced guidelines.