

Case Number:	CM14-0185380		
Date Assigned:	11/13/2014	Date of Injury:	09/24/2002
Decision Date:	12/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 60-year-old female with a date of injury of 09/24/2002. According to progress report 09/23/2014, the patient has "less discomfort in her cervical spine and shoulder since her last visit." Examination of the cervical spine revealed tender and tight paravertebral musculature. Range of motion revealed forward flexion 30 degrees, extension 10 degrees, right/left lateral extension 30 degrees. There were 2+ upper extremity reflexes bilaterally. Examination of the shoulders revealed tenderness over the anterior rotator cuff bilaterally. The listed diagnoses are: 1. HNP cervical spine. 2. Cervical radiculopathy. 3. Bilateral rotator cuff tendonitis. The treater request refill of medications including topical compound creams. Utilization review denied the request on 10/08/2014. Treatment reports 01/07/2014 through 09/23/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen powder times 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines has the following regarding topical creams, under chronic pain section Page(s):.

Decision rationale: This patient presents with neck and bilateral shoulder complaints. The current request is for flurbiprofen powder x2 refills. The MTUS Guidelines has the following regarding topical creams on page 111, under chronic pain section. For flurbiprofen, which is a nonsteroidal antiinflammatory agent, "The efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAID had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendonitis (in particular, that of the knee and elbow) or other joints that are amendable to the topical treatment." In this case, the patient does not meet the indication for Flurbiprofen, as she does not present with any osteoarthritis or tendonitis symptoms of peripheral joints. In addition, Tramadol is not tested for transdermal use with any efficacy. The requested Flurbiprofen powder is not medically necessary.

Ultraderm cream times2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 491.

Decision rationale: This patient presents with neck and bilateral shoulder complaints. The current request is for Ultra Derm cream x2 refills. Ultra Derm cream is an over the counter topical emollient. The medical file provided for review does not provide any discussion regarding why this topical cream is being prescribed. Topical emollients are used to treat or prevent dry skin. Utilization review denied the request without providing a rationale. ACOEM Guidelines has the following regarding evidence-based medicine on page 491, "Evidence-based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical option or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients." The medical guidelines do not provide any discussion regarding the application of topical emollients to treat any medical condition, especially for treatment of cervical spine disc herniations, radiculopathy or rotator cuff tendonitis as this patient has been diagnosed with. The request for Ultraderm cream is not medically necessary.