MAXIMUS Federal Services

Case Number:	CM14-0094550		
Date Assigned:	07/25/2014	Date of Injury:	01/25/2008
Decision Date:	09/19/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/20/2014

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 injured worker is a 62-year-old female who reported an injury on 01/25/2008. The mechanism of injury was noted to be repetitive stress of the workplace. Her diagnoses were noted to be head pain, and status post cervical spine surgery with residual arm and hand weakness. Prior treatment was noted to be physical therapy. Prior surgery was anterior cervical decompression and fusion, C6-7 and cervical spine removal of hardware. Diagnostic testing includes MRIs of the cervical spine and CT scan of the cervical spine. The injured worker had subjective complaints noted on a physician's progress report dated 06/09/2014. She had complaints of neck pain that radiated in the pattern of bilateral C6 and C7 dermatomes; pain in the mid/upper back, lower back, and bilateral shoulders/arms. She also had complaints of headaches. She noted her headaches were a 6/10 - 7/10. Per the VAS scale, which had increased from 5/10 - 6/10 on the previous visit. The objective findings noted grade 2 tenderness to palpation over the paraspinal muscles of the cervical spine. There were 2 palpable spasms over the paraspinal muscles, which had decreased from 3 since the prior visit. There was restricted range of motion. The treatment plan was for continuing physical therapy of the cervical spine and prescription gabapentin and Soma. The provider's rationale for the request was not noted within the documentation submitted. A Request for Authorization Form was not submitted with this review for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% cream 120grm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Flurbiprofen is not recommended by the guidelines for topical application. The FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. In addition, the provider's request fails to indicate a frequency and application site. Therefore, the request for Flurbiprofen 20% cream 120 g is not medically necessary.