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| Case Number: | CM14-0035589 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 12/27/2006 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 02/27/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 52-year-old female, with a reported date of injury of 12/27/2006. The diagnoses include gastritis, secondary to stress and pain medications, constipation, secondary to stress and pain medications, and status post H. pylori treatment. Treatments have included Gaviscon, Nexium, Colace, Probiotics, and Simethicone. The progress report dated 12/11/2014 indicates that the injured worker reported worsening abdominal pain which occurred three times daily. The physical examination showed a soft abdomen, normoactive bowel sounds, 3+ epigastric and 1+ diffuse abdominal tenderness to palpation, and no guarding. The treating physician requested Flurbiprofen 20% gel 120 grams. The rationale for the request was not indicated. On 02/27/2014, Utilization Review (UR) denied the request for Flurbiprofen 20% gel 120 grams, noting that the guidelines indicated that capsaicin is not recommended as a topical agent and any compounded product that contains at least one drug that is not recommended is not recommended. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen 20% gel 120 gm: Upheld

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

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

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Medical records do not indicate that the patient is intolerant to other medications. As such, the request for Flurbiprofen 20% gel 120 gm is not medically necessary.