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| Case Number: | CM15-0126337 | | |
| Date Assigned: | 07/10/2015 | Date of Injury: | 10/24/2014 |
| Decision Date: | 08/07/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

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: Indiana, Michigan, California
 Certification(s)/Specialty: Family Practice

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 45 year old female who experienced an industrial injury on 10/24/2014. Treatment course involved topical and oral medications along with physical therapy. MRI of the right hand was performed on 6/8/2015 and was consistent with degenerative changes. Diagnoses include contusion finger and contusion of the right index and middle fingers. The request is for Flurbiprofen Powder 30 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen powder 30gm (DOS 5/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation http://leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-0400/ab_378_bill_20110908_amended_sen_v94.html.

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

Decision rationale: Per MTUS, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. In particular, topical non-steroidal anti-inflammatory agents have been shown to be inconsistent in clinical trials and though they may be useful in chronic musculoskeletal pain, there are no long term studies of their effectiveness or safety." Therefore, the use of topical Flurbiprofen Powder 30 grams is not medically necessary and appropriate.

