

Case Number:	CM15-0065128		
Date Assigned:	04/13/2015	Date of Injury:	01/31/2010
Decision Date:	05/13/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of January 31, 2010. In a Utilization Review report dated March 7, 2015, the claims administrator failed to approve a request for a topical compounded flurbiprofen containing medication. On February 20, 2015, the applicant reported ongoing complaints of neck and shoulder pain with derivative complaints of anxiety and depression. A rather proscriptive 10-pound lifting limitation and ibuprofen were endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant's complete medication list was not detailed. On September 11, 2014, the applicant again reported multifocal complaints of neck and shoulder pain with derivative complaints of anxiety, depression, and insomnia. Acupuncture, Motrin and an orthopedic evaluation were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 180gm: 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): 112.

Decision rationale: No, the request for topical flurbiprofen was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is 'little evidence' to utilize topical NSAIDs for the treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generators were, in fact, the cervical spine and shoulder, i.e., body parts for which there is little evidence to utilize topical NSAIDs, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of oral ibuprofen effectively obviated the need for the topical flurbiprofen agent in question. Therefore, the request was not medically necessary.