

Case Number:	CM15-0075120		
Date Assigned:	04/27/2015	Date of Injury:	10/28/2008
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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, who sustained an industrial injury on October 28, 2008. She has reported shoulder pain neck pain, and back pain. Diagnoses have included cervical spine strain/sprain, thoracic spine disc protrusions, and generalized myofascial pain, rule out fibromyalgia. Treatment to date has included medications, injections, psychotherapy, shoulder surgery, and imaging studies. A progress note dated October 11, 2013 indicates a chief complaint of left shoulder pain, neck pain, upper back pain, and headache. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Compound 240 gm (retrospective 10/14/13): 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 / NSAIDs Page(s): 111.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally this guideline suggests that topical NSAIDs are generally beneficial for short periods of time such as up to 2 weeks but not for chronic treatment such as in this case. For these multiple reasons, this request is not medically necessary.