

Case Number:	CM15-0092138		
Date Assigned:	05/18/2015	Date of Injury:	11/15/2010
Decision Date:	06/17/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/13/2015

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: Arizona, 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:

This is a 32 year old female with a November 10, 2010 date of injury. A progress note dated March 25, 2015 documents subjective findings (significant pain; stabilized over the past month), objective findings (will not sit still; antalgic limp; profound lower back pain; pain with full lumbar flexion going down to the right leg; decreased extension of the lumbar spine; pain with rotation of the lumbar spine; positive leg lift bilaterally), and current diagnoses (lumbar discogenic disease). Treatments to date have included medications, physical therapy (not helpful), trigger point injections, magnetic resonance imaging of the lumbar spine (2011; showed degenerative disc disease of the lumbar spine), and deep tissue massage (helping). The treating physician documented a plan of care that included prescriptions for Flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 20% topical 1 30 gm tube with a dos of 3/25/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on topical Ketoprofen previously without benefit. There is no evidence that topical Flurbiprofen is superior to topical Ketoprofen. The topical Flurbiprofen for the dates in question above is not medically necessary.

Flurbiprofen 20% topical 1 120 gm tube: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on topical Ketoprofen previously without benefit. There is no evidence that topical Flurbiprofen is superior to topical Ketoprofen. In this case, the claimant had the topical Flurbiprofen for a month with benefit. Additional use without mention of frequency or duration in 4 times the amount was prescribed. Topical NSAIDs can have systemic absorption similar to oral NSAIDs. The topical Flurbiprofen is not medically necessary.