MAXIMUS Federal Services

Case Number:	CM14-0058936		
Date Assigned:	07/09/2014	Date of Injury:	11/11/2009
Decision Date:	11/10/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on 11-11-2009. The injured worker was being treated for herniated nucleus pulposus at L4-5 (lumbar 4-5) with left lower extremity radiculopathy, status post left carpal tunnel release in 2011, status post anterior cervical discectomy and fusion at the C5-6 (cervical 5-6) and C6-7 (cervical 6-7) in 2011, a 3 millimeter disc herniation at L4-5, and a 5 millimeter disc herniation at L5-S1 (lumbar 5-sacral 1) in the MRI findings. On 3-31-2014, the injured worker reported constant neck pain radiating to both arms, right greater than left. She reported constant bilateral wrist and hand pain with numbness and tingling in both hands, right greater than left. She reported constant low back pain radiating into the bilateral lower extremities with associated muscle spasms. Her pain was rated: neck 7 out of 10, right wrist and hand 8 out of 10, left wrist and hand 7 out of 10, and low back 8 out of 10. The physical exam (3-31-2014) revealed spasms of the cervical paraspinals, tenderness to palpation over the paravertebral musculature, a positive right Spurling's test, weakness in the right wrist extensors and biceps muscle groups, and decreased sensation over the dorsum of the hand. There were spasms and tenderness to palpation over the lumbar paravertebral musculature, a positive right straight leg raise, and weakness of the extensor hallucis longus and tibialis anterior muscle groups. On 1-2-2014, a CT of the cervical spine revealed the injured worker was status post anterior cervical discectomy and fusion at C5-6 and C6-7, with solid interbody fusions. There was no central canal stenosis at either level. At C3-4 (cervical 3-4), there was mild central canal stenosis due to a 2 millimeter paracentral disc protrusion. There were multilevel degenerative changes with multilevel foraminal narrowing and

slight reversal of the upper cervical lordosis. Per the treating physician (3-31-2014 report), x-rays of the cervical spine done on this date revealed a robust fusion at the C5-6 and C6-7 levels. Treatment has included physical therapy, a cervical epidural steroid injection, temporary total disability, and medications including topical pain (Flurbiprofen 20% since at least 12-2013), muscle relaxant (Soma), and non-steroidal anti-inflammatory (Naproxen). Per the treating physician (3-31-2014 report), the injured worker was temporarily totally disabled. On 4-18-14, the requested treatments included Flurbiprofen 20%, 120 gm. On 4-22-2014, the original utilization review non-certified a request for Flurbiprofen 20%, 120 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in November 2009 when she was struck by a closing door in the setting of a repetitive strain injury and is being treated for radiating neck and bilateral wrist and hand pain with secondary severe depression and anxiety. She underwent an anterior cervical decompression and fusion in May 2011 and left carpal tunnel release in September 2011. When seen, medications included topical creams, Medrox, and oral Naprosyn was being taken on an as needed basis. Physical examination findings included decreased cervical spine range of motion with tenderness and muscle spasms. There was decreased thumb and index finger sensation. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant is also taking Naprosyn, an oral NSAID, and prescribing a topical NSAID is duplicative. Additionally, compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. If a topical NSAID was being considered, a trial of generic topical diclofenac would be indicated before consideration of use of Flurbiprofen. The request is not medically necessary.