

Case Number:	CM13-0031139		
Date Assigned:	06/06/2014	Date of Injury:	01/12/2004
Decision Date:	07/14/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/02/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old male who reported an injury on January 12, 2004. The mechanism of injury is not noted in the documentation provided for review. The request is for a retrospective request for Flurbiprofen #60 and Cyclobenzaprine #60. The injured worker is status post left hip total arthroplasty on March 15, 2013. The most recent exam dated March 11, 2014 noted the injured worker, 1 year postoperative, reported no pain and good strength. He is noted with flexion to 120 degrees, full extension and internal/external rotation 30 degrees. A urine drug screen collected on March 14, 2014 was included with the documentation. The injured worker has completed physical therapy. There was a lack of documentation of any medications for the injured worker. The current treatment plan is to return to work as of April 4, 2014 with the following restrictions: avoid running, jumping and prolonged standing and walking for the first 6 weeks. The request for authorization form was not submitted with the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION FOR FLURBIPROFEN, #60 BETWEEN 6/20/2013 AND 6/20/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Flurbiprofen Page(s): 67, 72.

Decision rationale: The injured worker is now status post left hip total arthroplasty on March 15, 2013. Flurbiprofen is in a class called non-steroidal anti-inflammatory drugs. The California MTUS states Flurbiprofen is recommended for osteoarthritis and mild to moderate pain at the lowest dose for the shortest period in patients with moderate to severe pain. There is no documentation dated June 20, 2013 that was submitted for review. There is a lack of documentation as to the whether the medication is to be taken orally or applied topically. In addition there is no documented amount or frequency. The request for retrospective request for 1 prescription for Flurbiprofen, #60 is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION FOR CYCLOBENZAPRINE, #60 BETWEEN 6/20/2013 AND 6/20/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The injured worker is now status post left hip total arthroplasty on March 15, 2013. The California MTUS states Cyclobenzaprine is recommended as an option using a short course of therapy. However the addition of Cyclobenzaprine to other agents is not recommended. There is no documentation dated June 20, 2013 that was submitted for review. There is a lack of documentation as to the whether the medication is to be taken orally or applied topically. In addition there is no documented amount or frequency. The request for retrospective request for 1 prescription for Cyclobenzaprine, #60 is not medically necessary.