MAXIMUS Federal Services

Case Number:	CM13-0031700		
Date Assigned:	12/04/2013	Date of Injury:	10/13/2010
Decision Date:	02/04/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases, and is licensed to practice in California. 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 physician 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 patient is a 53-year-old female who reported an injury on 10/13/2010. The mechanism of injury was stated to be a repetitive motion injury. The patient was noted to have 3 cortisone injections into the lateral epicondyle with temporary relief. The patient was noted to have complaints of right elbow pain increased with typing, lifting, and gripping. The patient had complaints of pain to palpation over the lateral epicondyle of the right elbow. The patient was noted to have an EMG which revealed no carpal tunnel syndrome, posterior interosseus nerve impingement or ulnar neuropathy, and the diagnosis was noted to be persistent lateral epicondylitis of the right elbow. A request was made for a topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of compound cream: 25% Ketoprofen and 25% Flurbiprofen: 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, Flurbiprofen, , Ketoprofen, Page(s): 72,111,112.

Decision rationale: Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. The CA MTUS indicates 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....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution...Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application." The clinical documentation submitted for review indicated both flurbiprofen and ketoprofen were not FDA approved for topical applications. There was lack of documentation indicating the necessity for non-adherence to FDA recommendations. Given the above, the request for pharmacy purchase of compound cream: 25% ketoprofen and flurbiprofen is not medically necessary.