MAXIMUS Federal Services

Case Number:	CM13-0049924		
Date Assigned:	04/09/2014	Date of Injury:	01/27/2000
Decision Date:	06/30/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/30/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 52-year-old male who reported injury on 01/27/2000. The mechanism of injury was the injured worker was giving a sales presentation when he was hit from behind by a flatbed cart which knocked him forward into a pole, injuring his head, neck, back, knees, and shoulders. Prior treatments included medication therapy, epidural steroid injections, oral steroids, IV steroids, a hemiarthroplasty of both shoulders and bilateral total hip replacements. The documentation of 08/29/2013 revealed the injured worker had severe widespread pain. The injured worker was in severe discomfort and had severe TMJ tenderness bilaterally with limited mouth opening. The injured worker had severe bilateral wrist, knee, and right shoulder greater than left ankle tenderness. The diagnoses included severe avascular necrosis steroid induced, temporomandibular joint syndrome, major depressive disorder, narcotic dependency, sexual dysfunction, and reports of chest pain. The treatment plan included a psychiatric consultation, orthopedic consultation, urgent TMJ consultation, medications including OxyContin 30 mg by mouth daily, Oxycodone 15 mg by mouth every 6 hours for breakthrough pain, Nexium for gastroesophageal reflux disease, Lotensin for hypertension, Fortesta for testosterone replacement, Lidoderm patches, simvastatin, and low dose aspirin. The treatment plan included 8 hours a day in home assistance, and a Cardiolite stress test. The request as submitted was for retrospective request for compounded Flurbiprofen powder.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR COMPOUNDED FLURBIPROFEN POWDER FOR BILATERAL SHOULDERS, CERVICAL SPINE, LUMBAR SPINE, LOWER EXTREMITIES, AND BILATERAL HIPS (DOS 8/29/13) FOR AN UNKNOWN LENGTH OF NEED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS; FLURBIPROFEN, PAGE 111 AND PAGE 72

Decision rationale: The California 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. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. The California MTUS Guidelines indicate that topical NSAIDs are treatment for osteoarthritis. As this medication is not currently FDA approved for topical application and there was a lack of documentation of the trial and failure of antidepressants and anticonvulsants, the request would not supported. The request as submitted failed to indicate the frequency and quantity of the medication as well as strength. The duration of use could not be established through supplied documentation. Given the above, the retrospective request for compounded flurbiprofen powder for bilateral shoulders, cervical spine, lumbar spine, lower extremities, and bilateral hips, date of service 08/29/2013, for an unknown length of need is not medically necessary.