

Case Number:	CM13-0061611		
Date Assigned:	12/30/2013	Date of Injury:	05/15/2012
Decision Date:	11/06/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/05/2013

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 & Rehabilitation, 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 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:

This 57 year-old patient sustained an injury on 5/15/12 while employed by [REDACTED]. Request(s) under consideration include Retrospective Request for Pharmacy Purchase of Flurbiprofen Compound 30gm, DOS 10/09/13. Diagnoses include knee meniscal tear/ chondromalacia patella/ prepatellar bursitis/ loose body/ medial collateral ligament sprain s/p right knee arthroplasty of medial tibial plateau and medial femoral condyle, partial medial meniscectomy, and tricompartment synovectomy on 8/16/13; osteoarthritis/ internal derangement; neuralgia/ neuritis; lumbar disc displacement; shoulder disorder; and disorders of sacrum. Conservative care has included medications, physical therapy, injections, and modified activities/rest. Hand-written report of 10/7/13 from that provider reported the patient underwent right knee surgery on August 16, 2013. He is improving. Exam showed right knee swelling. Assessment noted creams are very effective. Report 1/9/14 from the provider noted the patient was improving; still exhibited left knee pain, swelling, and buckling; with low back pain. Exam of the left knee showed patellofemoral pain; positive medial joint tenderness; positive McMurray's test with 2+ swelling and crepitation. Treatment includes MRI of the left knee to rule out loose body and tear; home exercise for quad strengthening. Patient remains off work. The request(s) for Retrospective Request for Pharmacy Purchase of Flurbiprofen Compound 30gm, DOS 10/09/13 was non-certified on 11/20/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PHARMACY PURCHASE OF FLURIBPROFEN COMPOUND 30 GM, DOS 10/09/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113,.

Decision rationale: This 57 year-old patient sustained an injury on 5/15/12 while employed by [REDACTED]. Request(s) under consideration Include Retrospective Request for Pharmacy Purchase of Flurbiprofen Compound 30gm, DOS 10/09/13. Diagnoses include knee meniscal tear/ chondromalacia patella/ prepatellar bursitis/ loose body/ medial collateral ligament sprain s/p right knee arthroplasty of medial tibial plateau and medial femoral condyle, partial medial meniscectomy, and tricompartment synovectomy on 8/16/13; osteoarthritis/ internal derangement; neuralgia/ neuritis; lumbar disc displacement; shoulder disorder; and disorders of sacrum. Conservative care has included medications, physical therapy, injections, and modified activities/rest. Hand-written report of 10/7/13 from that provider reported the patient underwent right knee surgery on August 16, 2013. He is improving. Exam showed right knee swelling. Assessment noted creams are very effective. Report 1/9/14 from the provider noted the patient was improving; still exhibited left knee pain, swelling, and buckling; with low back pain. Exam of the left knee showed patellofemoral pain; positive medial joint tenderness; positive McMurray's test with 2+ swelling and crepitation. Treatment includes MRI of the left knee to rule out loose body and tear; home exercise for quad strengthening. Patient remains off work. The request(s) for Retrospective Request for Pharmacy Purchase of Flurbiprofen Compound 30 GM, DOS 10/09/13 was non-certified on 11/20/13. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2012 without documented functional improvement from treatment already rendered. The Retrospective Request for Pharmacy Purchase of Flurbiprofen Compound 30gm, DOS 10/09/13 is not medically necessary and appropriate.