

Case Number:	CM14-0121204		
Date Assigned:	08/06/2014	Date of Injury:	02/21/2013
Decision Date:	09/15/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 63 year old female who had a work-related injury on 02/21/13. Mechanism of injury not documented. The clinical note submitted for review dated 03/27/14, the injured worker complained of pain in the right knee rated 5/10. She had tenderness to palpation to the knees bilaterally, 80 degrees flexion, 5 degrees extension, 10 degrees internal rotation, and 5 degrees external rotation. She continues chiropractic treatment and her medication regimen was recommended to continue. The 05/22/14 report noted she continued to have constant right knee pain rated 7/10. Was worse with cold weather. She stated she did not take her medication, and the pain level described was without medication. The exam noted moderate tenderness at the medial parapatellar and lateral collateral on the right. Treatment has included acupuncture, Flurbitac 100/100mg #60, and transdermal analgesics. There is no documentation of functional improvement. Prior utilization review on 07/10/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek Gel 28%-16%gm #113/30 day retro 05/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. This compound is known to contain menthol and methyl salicylate. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for this medication cannot be recommended as medically necessary.

Flurbiprofen/Ranitidine (Flurbitac) 100/100mg #60/30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73.

Decision rationale: The request for Flurbiprofen/Ranitidine (Flurbitac) 100/100mg #60/30 is not medically necessary. The current evidence based guidelines as well as clinical documentation submitted for review do not support the request. Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is not documentation of functional improvement, nor is there any clinical evidence that the injured worker has gastrointestinal problems or is at risk of developing problems (Ranitidine). Therefore medical necessity has not been established.