

Case Number:	CM14-0150170		
Date Assigned:	09/19/2014	Date of Injury:	12/22/2008
Decision Date:	10/23/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/15/2014

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 Management 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 59-year-old female with a reported injury dated on 12/22/2008. The mechanism of injury was not listed in the records. The injured worker's diagnoses include internal right knee derangement, fracture of the right ankle, and fracture of the left tibia. The injured worker's past treatments included pain medication. There was no diagnostic imaging testing submitted for review. There was no surgical history documented in the records. There were no subjective complaints documented in the notes. There was no physical examination noted in the records. All that was submitted was the Request for Authorization form dated 05/21/2014 and a medication list. The injured worker's medications included ibuprofen 800 mg. The treatment plan was not provided. The treatment plan was undocumented in the records created. A request was received for diclofenac/flurbiprofen cream, documentation and frequency unknown, date of service 05/07/2014 for treatment of the right knee, left knee, and left tibia/fibula and right ankle. The rationale for the request was not documented in the records. The Request for Authorization form was dated 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Diclofenac/Flurbiprofen cream (duration and frequency unknown (DOS 5/7/14) for treatment of right knee, left knee, left tibia/fibula and right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112..

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicates that topical analgesics are largely experimental in use with few randomize controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The requested compound has 2 NSAIDs Diclofenac and Flurbiprofen; however, there is no medication strength or frequency for application and no quantity to be dispensed. In the absence of a medication strength, quantity, duration and frequency of application, the request is not supported by the guidelines. As such, the request is not medically necessary.