

Case Number:	CM14-0151051		
Date Assigned:	09/19/2014	Date of Injury:	04/15/2012
Decision Date:	10/20/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/16/2014

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 Occupational 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:

Injured worker is a female with date of injury 4/15/2012. Per primary treating physician's progress report dated 8/26/2014, the injured worker states that she continues to have aggravation of pain in the right shoulder as well as right hand, during the day pain being around 5/10. She states however that at nighttime she mostly utilizes the medication so that she can have less pain as well as be able to sleep throughout the night. On examination of the right ankle and foot, her gait pattern is normal. There is slight swelling on the lateral malleolus and slight tender to touch medial as well as lateral malleolus. There are previous surgical scars. There is tenderness on the medial malleolus. There is slight swelling on the lateral malleolus and slight tender to touch medial as well as lateral malleolus. Plantar flexion and dorsiflexion although close to normal range of motion, she was very uncomfortable. Pain was appreciated in inversion and eversion. Heel and toe ambulation is painful and was not completed because of pain in the right ankle. Diagnoses include 1) status post right ankle surgery (ORIF right ankle) 2) status post right hand injury because of the ankle injury 3) right hand callus formation 4) insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen powder 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section, Page(s): 7.

Decision rationale: The MTUS Guidelines explain that the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as to identify comorbidities that might predict an adverse outcome. Consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations. Choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. If the physician prescribes a medication for an indication not in the approved FDA labeling, he or she has the responsibility to be well informed about the medication and that its use is scientific and evidence-based. When effective, medications provide a degree of analgesia that permits the patients to engage in rehabilitation, improvement of activities of daily living, or return to work. This request is not accompanied with a dose, amount to be used, amount to be provided, route, or a description of how Flubiprofen power is to be used. Medical necessity cannot be determined without this information. The request for Flurbiprofen powder 60 is not medically necessary.