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| Case Number: | CM14-0026194 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 03/21/2000 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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 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:

According to the records made available for review, this is a 62-year-old female with a 3/21/00 date of injury. At the time (1/31/14) of request for authorization for Flurbitac #100 100mg capsules for bilateral knees and lumbar spine injury as an outpatient, there is documentation of subjective (constant aching with on and off burning of right knee, sharp pain with burning and aching in left knee) and objective (medial tenderness, stiffness with swelling in bilateral knees, limited range of motion, limping ambulation) findings, current diagnoses (dislocation of patella, closed, loose body in knee, and pain in joint, lower leg), and treatment to date (knee sleeve). There is no documentation that the request represents medical treatment that should be reviewed for medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FLURBITAC #100 100MG CAPSULES FOR BILATERAL KNEES AND LUMBAR SPINE INJURY AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.agencymeddirectors.wa.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: <http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>.

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of the requested Flurbitac. A search of online resources failed to provide any articles/studies addressing criteria for the medical necessity for the requested Flurbitac. Within the medical information available for review, there is documentation of diagnoses of dislocation of patella, closed, loose body in knee, and pain in joint, lower leg. However, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for Flurbitac #100 100mg capsules for bilateral knees and lumbar spine injury as an outpatient is not medically necessary.