

Case Number:	CM14-0033925		
Date Assigned:	06/23/2014	Date of Injury:	09/18/2007
Decision Date:	08/08/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/18/2014

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 Physical Medicine and 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:

The injured worker is a 30-year-old male who was injured on 09/18/07 while standing on a brick making machine; his foot got caught when the machine was turned on by a coworker and was dragged by the machine. The prior treatment included intramedullary nailing of the left tibia fracture, open reduction internal fixation of the left ankle medial malleolar fracture on 9/24/07, left lower extremity wound reconstruction on 9/27/07, hardware removed 9/15/08 and 2/11/08, crutches, left ankle arthroscopy on 6/22/11, medications and physical therapy. On 9/18/07, x-ray of the left leg showed proximal tibia and fibula fractures. An MRI of the left knee on 2/5/08 revealed minimal joint effusion, thickening of the infrapatellar tendon and loss of detail in the proximal tibia. On 1/8/09 MRI of the left knee revealed a strain and possible partial tear of the deltoid ligament and evidence of tendinopathy. On 06/08/13 the patient complained primarily of a constant, sharp, burning pain in the left knee, left lower leg and left foot and ankle. Pain was described as tingling, numbness and pulsing, cramping sensation and rated pain as 4-7 out of 10. The diagnoses were compound fracture of the tibia-fibula, distal lower leg and grade III, status post irrigation and debridement and treatment of left lower extremity and left foot pain. The plan was ongoing use of multiple medications including anti-inflammatory agents, muscle relaxants, narcotic analgesics, serotonin-norepinephrine reuptake inhibitors, Flector patch and a trial of chronic neuropathic pain medications. In a letter dated 3/1/14 the patient was notified via utilization review the request for Flurbiprofen (duration unknown and frequency unknown) for treatment of the left lower extremity and left foot was non-certified as the clinical evidence provided did not establish medical necessity for this request. The ACOEM Guidelines was not utilized due to the chronicity of this case. According to the California MTUS regarding topical medications such as Flurbiprofen, largely experimental in use with few randomized controlled trials to determine efficacy or safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for medication Flurbiprofen duration/frequency unknown for treatment of left lower extremity/foot, dispensed on 01/14/2014.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: According to California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen as a topical form is not recommended and is considered largely experimental based on few randomized controlled trials. Therefore, the request is not medically necessary according to the guidelines.