

Case Number:	CM14-0044099		
Date Assigned:	07/02/2014	Date of Injury:	08/31/2011
Decision Date:	08/25/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/11/2014

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 Illinois. 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 50-year-old male with a reported injury date on 08/31/2011. The mechanism of injury was a fall. The injured worker's diagnoses includes status post left hip surgery, tendinitis/bursitis of the left hip, bursitis of the right knee, and lateral collateral ligament sprain of the right knee. Surgery history was noted to include surgical repair of a femur fracture which included metal screws and plates placed on the femur, knee, and left side of the pelvis. Diagnostic studies were not provided. Other therapies were noted to include physical therapy. A medical evaluation and report dated 08/21/2013 noted that the injured worker had numerous complaints to include moderate to severe pain to the right knee, moderate to severe pain to the left hip, and sexual dysfunction. On physical examination of the hip, it was noted that the neurological examination of the bilateral lower extremities was within normal limits to include deep tendon reflexes, dermatomes and myotomes. It was noted that there was a 3+ spasms and tenderness to the left gluteus maximus muscle and tensor fasciae latae. Active hip range of motion was restricted and painful. It was also noted that Faber's, anvil test, and Thomas test were all positive on the left. On examination of the knee, it was noted there was 3+ spasm and tenderness to the right anterior joint line, right quadrant muscle and right popliteal fossa. It was noted that the active range of motion of the knee was restricted and painful. In addition, it was noted the grinding test and Apley's compression test were positive on the right. The treatment plan noted that the injured worker would need work shoes with high quality heel lift for the remainder of his life, would need doctor examination, medication, diagnostic testing, and a short course of conservative therapy. There was no request for authorization provided within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MBR Retrospective request for Flurbiprofen/Diclofenac/Tramadol duration and frequency unknown dispensed on 02/13/14 for left femur fracture and right shoulder acromioclavicular separation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate/Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MBR retrospective request for Flurbiprofen/diclofenac/tramadol duration and frequency unknown dispensed on 02/13/2014 for left femur fracture and right shoulder acromioclavicular separation is not medically necessary. The California MTUS Guidelines state that topical analgesics may be recommended as an option primarily for neuropathic pain when a trial of antidepressants and anticonvulsants has failed. The guidelines continue to state that topical analgesics are largely experimental in use with few randomized clinical trials to determine efficacy and safety. Therefore, the compounded product that contains at least 1 drug (or drug class) is not recommended, the entire product is not recommended. In addition, the guidelines state that there is little evidence to utilize topical NSAIDs for the treatment of pain in spine, hip, or shoulder. There is a lack of rationale provided in the documentation to why this compounded medication is being recommended. In addition, this compounded medication was noted to be applied to the right shoulder which is not recommended by guidelines. Furthermore, Tramadol is a non-approved topical agent; therefore, the entire product is not approved. As such, this requested compounded topical medication is not medically necessary.