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| Case Number: | CM14-0068677 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 01/13/2005 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 04/30/2014 |
| Priority: | Standard | Application Received: | 05/13/2014 |

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 64-year-old female with a 1/13/05 date of injury, and status post left shoulder surgery, status post right knee surgery, and status post bilateral elbow epicondylar releases. At the time (4/30/14) of request for authorization for Flurbiprofen PA #180 and refill Flurbiprofen PA #180, there is documentation of subjective (chronic left shoulder pain, right knee pain, and bilateral elbow pain) and objective (left shoulder painful range of motion, tenderness to palpation at the acromioclavicular joint, and positive Yergason test; right knee tenderness to palpation over the joint line, and patellofemoral crepitation) findings, current diagnoses (status post left shoulder surgery times two, left shoulder clinical impingement, right knee internal derangement with recurrent symptoms of meniscus tear, status post bilateral epicondylar releases, and status post right knee surgery), and treatment to date (acupuncture, home exercise program, and medications (Tylenol)). There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), an intention to treat over a short course (4-12 weeks), and failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen PA #180: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of status post left shoulder surgery times two, left shoulder clinical impingement, right knee internal derangement with recurrent symptoms of meniscus tear, status post bilateral epicondylar releases, and status post right knee surgery. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and an intention to treat over a short course (4-12 weeks). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen PA #180 is not medically necessary.

Refill Flurbiprofen PA #180: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of status post left shoulder surgery times two, left shoulder clinical impingement, right knee internal derangement with recurrent symptoms of meniscus tear, status post bilateral epicondylar releases, and status post right knee surgery. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and an intention to treat over a short course (4-12 weeks). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for refill Flurbiprofen PA #180 is not medically necessary.