

Case Number:	CM14-0073417		
Date Assigned:	07/16/2014	Date of Injury:	07/26/2005
Decision Date:	09/18/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/20/2014

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 Nevada. 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 records presented for review indicate that this 52-year-old gentleman was reportedly injured on July 26, 2005. The mechanism of injury is noted as working in a trench when the side of the trench collapsed. The most recent progress note, dated April 9, 2014, indicates that there are ongoing complaints of back pain and left knee pain. Current medications include Ultracet, Zanaflex, Prilosec, and topical capsaicin. There also medications prescribed by the psychiatrist to include Abilify, Zoloft, and Bupropion. The physical examination demonstrated muscular spasms and guarding over the lumbar paraspinal muscles with tenderness. There was decreased lumbar spine range of motion. Examination the left knee revealed mild swelling and tenderness at the patella femoral region. There was a positive McMurray's test. Motor strength testing was 4/5 of muscle groups in the left lower extremity. There was a positive left-sided straight leg raise test at 45 Diagnostic imaging studies revealed a disc protrusion at L4 - L5 and L5 - S1. Previous treatment includes physical therapy, oral medications, multiple left knee injections, acupuncture, three left knee surgeries, and a total right knee arthroplasty. A request had been made for flurbiprofen/diclofenac cream and was not certified in the pre-authorization process on May fifth 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Diclofenac Cream 120gms: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: The California MTUS Guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The most recent progress note dated April 9, 2014, indicates that the injured employee is unable to tolerate oral anti-inflammatory medications due to gastritis. Considering this, the request for flurbiprofen/diclofenac cream is medically necessary.