MAXIMUS Federal Services

Case Number:	CM14-0087227		
Date Assigned:	07/23/2014	Date of Injury:	11/02/2011
Decision Date:	09/23/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/10/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of November 2, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; orthotics; earlier foot and ankle surgery; and reported return to regular duty work. In a Utilization Review Report dated May 16, 2014, the claims administrator denied a request for flurbiprofen. The claims administrator interpreted the request as a request for a topical version of flurbiprofen. The applicant's attorney subsequently appealed. In a December 19, 2013 progress note, the applicant was described as having persistent complaints of foot and ankle pain status post earlier foot and ankle surgery. On December 19, 2013, the applicant was described as having persistent complaints of foot pain status post open reduction and internal fixation of the fifth metatarsal fracture and subsequent removal of internal fixation hardware. The applicant's orthotic was functioning very well, it was stated. The applicant was using an unspecified topical medication. The applicant was returned to regular duty work, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen PA, #240, 1 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 14 Ankle and Foot Complaints Page(s): 21; table 14-6 - 376,Chronic Pain Treatment Guidelines Topical NSAIDs; Page(s): 112;.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does not specifically address the topic of flurbiprofen usage or usage of topical NSAIDs for the ankle and foot, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does note that indications for topical NSAIDs include osteoarthritis and tendinitis in joints which are amenable to topical application or topical treatment. In this case, the applicant's foot pain status post earlier foot ORIF surgery is an issue which is, by analogy, an issue which is likely amenable to topical application. It is further noted that the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376 also notes that NSAID creams such as the flurbiprofen cream at issue are deemed "optional" in the management of ankle and foot complaints, as are present here. In this case, the applicant has achieved and/or demonstrated treatment success with ongoing usage of the flurbiprofen cream as evinced by successful return to regular duty work. Continuing the same, on balance, is therefore, indicated. It is further noted that the claims administrator's comments that the topical flurbiprofen is not endorsed by the FDA, even if true, would not necessarily constitute a reason to deny the medication in question, particularly in light of the fact that the MTUS Guideline in ACOEM Chapter 10, page 21, does seemingly support usage of flurbiprofen topical patch, for elbow pain. For all of the stated reasons, this request is determined to be medically necessary.