MAXIMUS Federal Services

| Case Number: | CM14-0167413 | | |
|---|---|---|---|
| Date Assigned: | 10/14/2014 | Date of Injury: | 07/17/2013 |
| Decision Date: | 01/05/2015 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 10/10/2014 |

## 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 sustained a work related injury on July 17, 2013. The exact mechanism of the work related injury was not included in the documents provided. The Primary Treating Physician's report dated March 12, 2014, noted the injured worker with complaints of bilateral hand and finger pain. The Physician noted the diagnosis as laceration and sprain of hand, with the injured worker on modified work duty. On May 22, 2014, a medical legal functional capacity evaluation was performed. The Primary Treating Physician, [redacted] noted on August 14, 2014 that the injured worker had continued to have bilateral hand and finger pain. The only available documentation for physical examination noted normal left wrist range of motion. The physician recommended Motrin, an oral non-steroidal anti-inflammatory drug and a compounded topical medication authorization for Flur-Diclo pharmacy compound. On September 11, 2014, Utilization Review evaluated the request for Flur-Diclo pharmacy compound citing MTUS guidelines. The UR determination noted the clinical findings did not appear to support the medical necessity of the pharmacy compound. The UR Physician report of the clinical findings that the decision was based on was not included in the documentation supplied. The decision was subsequently appealed to Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy Compound: Flur-Diclo:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with the development of cardiac, renal and gastrointestinal complications. The use of multiple NSAIDs in oral and topical formulations is associated with increased complication rate. The records indicate that the patient is utilizing oral ibuprofen with the topical compound flurbiprofen-diclofenac. There was no significant objective finding indicating exacerbation of severe musculoskeletal pain. The criteria for the use of pharmacy compound Flur-Diclo are not met.