

Case Number:	CM14-0198615		
Date Assigned:	12/08/2014	Date of Injury:	12/08/2001
Decision Date:	01/23/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 51 year old female with an injury date on 12/08/2001. Based on the 03/28/2014 progress report provided by the treating physician, the diagnoses are: 1. Plica syndrome and Chondromalacia, right knee 2. Cervical spine musculoligamentous sprain 3. Lumbosacral spine herniated disk. According to this report, the patient complains of "numbness and tingling and radiating pain extending down to the left extremity to the foot. She states that her right knee pain is persistent and she is wearing a brace. She states that the right knee locks. She has pain with prolonged sitting. She has continued pain for the cervical spine and lumbar spine." Examine findings at right knee show "Range of motion is 0 to 120 degrees. There is mild effusion present. Tenderness is palpable. Healed incisions are present. Straight Leg Raising Test in the seated position produces pain in the lumbar spine bilaterally and extending into the right thigh." The patient's work status is "remains temporarily totally disabled." The treatment plan is to continue with medications, awaiting authorization for aqua therapy, follow up for right knee postoperative, Ergonomic evaluation for workstation, scheduled for AME, and re-evaluation in 4 weeks. The patient's past treatment consist of Urine toxicology test, physical therapy, and lab work. There were no other significant findings noted on this report. The utilization review denied the request for (1) Flurbiprofen topical cream 30 mg and (2) Flurbiprofen topical cream 120 mg on 11/03/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 09/26/2013 to 03/28/2014./2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Flurbiprofen topical cream 30gm (through Express Scripts 800-945-5951): Overturned

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

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

Decision rationale: According to the 03/28/2014 report, this patient presents with right knee pain. Per this report, the current request is for prescription of Flurbiprofen topical cream 30 mg (through express scripts 800-945-5951). The treating physician mentions patient has "Plica syndrome and Chondromalacia, right knee" as the diagnosis. The MTUS guidelines do not support the usage of Flurbiprofen (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. In this case, this patient presents with chondromalacia, an early form of arthritis, and Flurbiprofen is supported for peripheral joint pain due to arthritis. The current request is medically necessary.

1 prescription for Flurbiprofen topical cream 120gm (through Express Scripts 800-945-5951): Overturned

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

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

Decision rationale: According to the 03/28/2014 report, this patient presents with right knee pain. Per this report, the current request is for prescription of Flurbiprofen topical cream 120 mg (through express scripts 800-945-5951). The treating physician mentions patient has "Plica syndrome and Chondromalacia, right knee" as the diagnosis. The MTUS guidelines do not support the usage of Flurbiprofen (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. In this case, this patient presents with chondromalacia, an early form of arthritis, and Flurbiprofen is supported for peripheral joint pain due to arthritis. The current request is medically necessary.