

Case Number:	CM14-0199783		
Date Assigned:	12/10/2014	Date of Injury:	06/14/2012
Decision Date:	01/22/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in ENTER SUBSPECIALTY, 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:

This 52 year-old patient sustained an injury on 6/14/12 while employed by [REDACTED]. [REDACTED]. Request(s) under consideration include Retrospective Flurbiprofen 25% in Lipoderm base and Retrospective Naproxen 550mg #60. Diagnoses include Knee/leg sprain and joint pain s/p left knee arthroscopy with subtotal medial meniscectomy, chondroplasty, and lateral retinacular release on 1/24/13. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms. Report of 9/17/14 from the provider noted left knee pain with swelling and difficulty with prolonged standing and walking activities; using a cane. Exam showed unchanged findings of mild knee effusion; tenderness at medial joint line; positive grind test; mild crepitus with range maneuvers with limited motion of flex/ext 0-125 degrees. Treatment plan included left knee injection, medications, and cane purchase. The request(s) for Retrospective Flurbiprofen 25% in Lipoderm base and Retrospective Naproxen 550mg #60 were non-certified on 11/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 25% in Lipoderm base: Upheld

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

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

Decision rationale: This 52 year-old patient sustained an injury on 6/14/12 while employed by [REDACTED]. Request(s) under consideration include Retrospective Flurbiprofen 25% in Lipoderm base and Retrospective Naproxen 550mg #60. Diagnoses include Knee/leg sprain and joint pain s/p left knee arthroscopy with subtotal medial meniscectomy, chondroplasty, and lateral retinacular release on 1/24/13. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms. Report of 9/17/14 from the provider noted left knee pain with swelling and difficulty with prolonged standing and walking activities; using a cane. Exam showed unchanged findings of mild knee effusion; tenderness at medial joint line; positive grind test; mild crepitus with range maneuvers with limited motion of flex/ext 0-125 degrees. Treatment plan included left knee injection, medications, and can purchase. The request(s) for Retrospective Flurbiprofen 25% in Lipoderm base and Retrospective Naproxen 550mg #60 were non-certified on 11/4/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, oral Naproxen and topical compounded Flurbiprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Retrospective Flurbiprofen 25% in Lipoderm base is not medically necessary and appropriate.

Retrospective Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: This 52 year-old patient sustained an injury on 6/14/12 while employed by [REDACTED]. Request(s) under consideration include Retrospective Flurbiprofen 25% in Lipoderm base and Retrospective Naproxen 550mg #60. Diagnoses include Knee/leg sprain and joint pain s/p left knee arthroscopy with subtotal medial meniscectomy, chondroplasty, and lateral retinacular release on 1/24/13. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms. Report of 9/17/14 from the provider noted left knee pain with swelling and difficulty with

prolonged standing and walking activities; using a cane. Exam showed unchanged findings of mild knee effusion; tenderness at medial joint line; positive grind test; mild crepitus with range maneuvers with limited motion of flex/ext 0-125 degrees. Treatment plan included left knee injection, medications, and can purchase. The request(s) for Retrospective Flurbiprofen 25% in Lipoderm base and Retrospective Naproxen 550mg #60 were non-certified on 11/4/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic 2012 injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen. The Retrospective Naproxen 550mg #60 is not medically necessary and appropriate.