

Case Number:	CM15-0002756		
Date Assigned:	01/13/2015	Date of Injury:	03/29/2012
Decision Date:	03/16/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 60-year-old female who reported an injury on 03/29/2012. Her mechanism of injury was a trip and fall on cement. Her relevant diagnoses included lumbar sprain and strain, status post right knee surgery. Her past treatments were not included. Her diagnostic studies were not included. Her surgical history included a right knee arthroscopy on 06/15/2012. A partial medial and lateral meniscectomy and chondroplasty procedure on 04/25/2013. The progress report dated 12/02/2014 documented the injured worker had complaint of pain that she described as intermittent, sharp, throbbing, that increased with standing. She rated her pain at rest as an 8/10 to 10/10 without medication and a 3/10 to 4/10 with medication. On physical exam, her right knee was noted to have tenderness to palpation of the patellofemoral and medial joint line. Range of motion was 0 to 130 degrees. There was no effusion. There as 5/5 strength throughout. Her medications included Norco 5/325 mg. Her treatment plan included continuing the pain medication, encourage to continue with activity as tolerated. The rationale for the request is not included. The Request for Authorization form is not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen topical compound 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for flurbiprofen topical compound 180 gm is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Nonsteroidal anti-inflammatory agents clinical trials have been inconsistent in regard to efficacy and most studies are small and of short duration. Topical NSAIDS have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2 week period. The request does not indicate a body part this medication should be used on. There is a lack of documentation regarding oral NSAID use. The rationale for the use of this medication as a topical compound rather than an oral medication is not included. Therefore, the request for flurbiprofen topical compound 180 gm is not indicated at this time. The request is not medically necessary.