MAXIMUS Federal Services

Case Number:	CM15-0148437		
Date Assigned:	08/11/2015	Date of Injury:	06/30/2012
Decision Date:	09/14/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/30/2015

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
Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 6-30-12. The injured worker has complaints of lumbar spine pain with radiation to the left lower extremity to ankle. The injured worker has bilateral knee pain left greater than right. The documentation noted range of motion is decreased with pain. The diagnoses have included cervical spine strain; lumbar spine strain with left lower extremity radiculopathy and bilateral foot pain. Treatment and diagnostics to date has included chiropractic treatment; physical therapy; magnetic resonance imaging (MRI) of the lumbar spine and cervical spine; X-rays showed severe osteoarthritis bilateral knees with almost bone on bone narrowing; injections; left knee arthroscopy in 2013 and medications. The request was for flurbiprofen cream twice a day with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Cream BID with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. With regard to topical Non-steroidal anti-inflammatory agents (NSAIDs), the MTUS guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent 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. In addition, per the MTUS guidelines, the only FDA-approved topical non-steroidal anti-inflammatory agent is Voltaren Gel 1% (diclofenac). The request for Flurbiprofen Cream BID with one refill is not medically necessary or appropriate.