

Case Number:	CM15-0161190		
Date Assigned:	08/28/2015	Date of Injury:	03/09/2005
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/18/2015

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: Emergency Medicine

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 42 year old female, who sustained an industrial injury on March 9, 2005, incurring right knee, right shoulder and low back injuries after a motor vehicle accident. She was diagnosed with a right shoulder rotator cuff tear, right knee patellofemoral osteoarthritis, right knee medial meniscus tear and tricompartmental synovitis and lumbar disc disease. She underwent a right shoulder rotator cuff repair and left knee arthroscopy. Treatment included muscle relaxants, sleep aides, anti-inflammatory drugs, topical analgesic cream, pain medications, antidepressants, neuropathic medications, epidural steroid injection, cortisone injection, physical therapy and modified activities. Currently, the injured worker complained of persistent right knee and hip pain. She noted pain in both knees with the right knee more severe. She reported increased pain with walking and sitting and difficulty sleeping through the night. The injured worker complained of pain radiating to her right knee, back, hips and right foot. She had limited range of motion in both knees. The treatment plan that was requested for authorization included a prescription for Flurbiprofen topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Topical Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: As per MTUS guidelines, topical analgesics are generally considered experimental with little evidence to support its common use. Flurbiprofen is an NSAID. Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful for patient's pain. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary.