

Case Number:	CM15-0184230		
Date Assigned:	09/24/2015	Date of Injury:	06/20/2014
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This 53 year old woman sustained an industrial injury on 6-20-2014. Diagnoses include possible right upper extremity neuropathy, right radial fracture, right wrist sprain-strain, left knee sprain-strain, left knee internal derangement, right wrist partial triangular fibrocartilage complex tear, and a ganglion cyst. Treatment has included oral and topical medications. Physician notes dated 8-27-2015 show complaints of right wrist and left knee pain. The physical examination shows tenderness was noted upon palpation of the right wrist and knee with swelling. Range of motion was decreased in the right wrist, deep tendon reflexes and motor strength were normal, Tinel's sign is positive, Phalen's sign is positive, and Apley's sign was positive in the right knee. Recommendations include Flexeril, Mobic, Flurbiprofen, cortisone injection to the left knee (approved), encourage exercise at the no pain range and apply modalities as needed, and follow up in two weeks. Utilization Review denied a request for Flurbiprofen topical citing there were not subjective and objective findings consistent with osteoarthritic pain and there is not documentation of a failed oral NSAID or contraindications for oral NSAIDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% compounded cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical NSAIDs (Non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: Regarding the request for Flurbiprofen 20% compounded cream, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical flurbiprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical flurbiprofen is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Flurbiprofen 20% compounded cream is not medically necessary.