

Case Number:	CM15-0200373		
Date Assigned:	10/15/2015	Date of Injury:	05/29/2012
Decision Date:	12/04/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/13/2015

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: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 57 year old female with a date of injury on 05-29-2012. The injured worker is undergoing treatment for rotator cuff tear, medial meniscus tear and cervical spine herniated nucleus pulposus. On 04-13-2015 a prescription was present for Flurbiprofen 25%-Lidocaine 5% in Lipoderm base. A physician note dated 06-22-2015 documents the injured worker has tenderness at the medial aspect of the knee. X rays done suggest early osteophytes. In a physician note dated 07-16-2015 a physician note documents the injured worker continues to have tenderness at her knees and shoulders. She will continue with conservative measures and physical therapy. She wants to defer surgery at this time. A physician progress note dated 08- 20-2015 documents the injured worker reports increasing radiating pain, numbness and tingling in her right upper extremity and both lower extremities. She has pain on cervical and lumbar range of motion. She has a questionable positive Tinel's sign at the right wrist. Her straight leg raise is positive. A prescription for Flurbiprofen 25%-Lidocaine 5% in Lipoderm base was written on this date. Treatment to date has included diagnostic studies, medications, status post video arthroscopy of the left knee, chondroplasty of the medial femoral condyle, synovectomy, microfracture of the medial femoral condyle, and removal of extensive and multiple loose fragments on 02-21-2014, and physical therapy. Current medications include Fexmid, Tylenol #3, and Prilosec. On 09-17-2015 Utilization Review non-certified the request for Retrospective Flurbiprofen compound medication 120gm #1 DOS: 8/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen compound medication 120gm #1 DOS: 8/13/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS 2009 recommends against the use of compounded topical agents. There is no evidence establishing efficacy or safety for these compounded agents. There is no credible evidence available that this compounded agent is as safe or as effective as yes readily available over-the-counter agents. This request for compounded flurbiprofen does not adhere to MTUS 2009 and is not medically necessary.