

Case Number:	CM15-0204121		
Date Assigned:	10/20/2015	Date of Injury:	11/21/2008
Decision Date:	12/08/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/16/2015

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:

This is a 58 year old male who sustained a work-related injury on 11-21-08. Medical record documentation on 9-4-15 revealed the injured worker was being treated for degenerative disc disease of the right knee, status post right knee arthroscopy, chronic pain syndrome and neuritis. He reported pain in the right knee which he rated 4-10 on a 10-point scale (6 on 8-6-15). He described the pain as constant, achy, shooting, throbbing, numb and deep pain. His average pain was 6 on a 10-point scale. His medication regimen included Lyrica 150mg, Lyrica 300 mg, Viagra 50 mg, Ultram ER 100 mg and Pennsaid 2%. Objective findings included decreased range of motion of the right knee due to pain. His treatment plan included discontinuation of Pennsaid, initiation of Flurbiprofen 25% cream to be applied daily and continuation of Ultram ER, Lyrica and Viagra. He reported that his medications decreased his pain by 60% and reduced the numbness and burning. His activity tolerance improved. A request for Flurbiprofen 25% cream was received on 9-9-15. On 9-16-15 the Utilization Review physician determined Flurbiprofen 25% cream was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% cream: Upheld

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

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

Decision rationale: The request is for flurbiprofen cream, which is a topical compound applied to the skin. Topical analgesics are recommended as an option in specific situations and are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. For treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment, topical NSAIDs are supported, but only for short-term use (4-12 weeks). While the injured worker does suffer from osteoarthritis of the knee, documentation suggested that he has previously utilized other formulations of topical NSAIDs. The duration of recommended use is 4-12 weeks, as efficacy wanes over time. Therefore, the request as submitted is unlikely to provide medical benefit and is not medically necessary.