

Case Number:	CM15-0223391		
Date Assigned:	11/19/2015	Date of Injury:	09/09/2009
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old male with a date of injury on 9-9-2009. A review of the medical records indicates that the injured worker is undergoing treatment for pain in right hip, sprain of ligaments of lumbar spine and osteoarthritis of right knee. According to the progress report dated 10-5-2015, the injured worker complained of pain in his lumbar spine and bilateral feet rated 6 out of 10 which was the same as the last visit. He also complained of right knee pain rated 3 out of 10 which was the same as the last visit. He was taking Norco, which he said was helping. He was not currently working. The physical exam (10-5-2015) revealed tenderness to palpation of the lumbar spine. Treatment has included right total knee arthroplasty (5-2015) and medication. The treatment plan (10-5-2015) was for chiropractic treatment and transdermal cream. The request for authorization was dated 10-19-2015. The original Utilization Review (UR) (11-5-2005) denied a request for Flurbiprofen-Menthol cream (20%-5%).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi/Menth 20/5%, 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury. The claimant has a remote history of a work injury occurring in March 2005 while working as a Senior Gardener. He had end stage right knee osteoarthritis and underwent a total knee replacement in May 2015. His surgery and postoperative course were uncomplicated. In July 2015, he was referred for physical therapy. Topical compounded cream was requested with components including Flurbiprofen, baclofen, lidocaine, and menthol. Norco and Soma were being prescribed and were refilled. In August 2015, a second course of physical therapy was requested. When seen in October 2015 he was having low back, right knee, and left hip pain, which was unchanged. He was taking Norco, which was helping. Physical examination findings included a body mass index over 33. There was lumbar tenderness with decreased flexion. There was no hip tenderness and he had normal gait. Urine drug screening was requested. Norco was continued. Authorization for chiropractic treatment was pending. Being requested is authorization for topical compounded cream containing Flurbiprofen and menthol. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. The claimant has not had a trial of topical Diclofenac. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.