

<b>Case Number:</b>	CM15-0037684		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Family Practice

### 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 32-year-old female, who sustained an industrial injury on July 18, 2011. She has reported hurting her left leg and knee after a slip and fall. The diagnoses have included closed fracture of patella, internal derangement of knee and knee arthritis. Treatment to date has included surgery, medications, cortisone injection, knee brace and acupuncture. Currently, the injured worker complained of left knee pain described as moderate to severe and giving way. She has pain radiates from the lumbar spine into the left hip down the left leg. Symptoms are aggravated by prolonged standing, walking, bending and lifting. On February 6, 2015, Utilization Review non-certified retrospective Flurbiprofen compound 150gm, noting the CA MTUS Guidelines. On February 27, 2015, the injured worker submitted an application for Independent Medical Review for review of retrospective Flurbiprofen compound 150gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flurbiprofen compound 150gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Regarding topical non-steroidal ant inflammatory agents (NSAIDs), the MTUS guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The medical records do not establish that the injured worker is unable to use oral first line non-steroidal anti-inflammatory medications. The request for Retrospective Flurbiprofen compound 150gm is not medically necessary.