

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0056761 | | |
| Date Assigned: | 04/01/2015 | Date of Injury: | 09/26/2014 |
| Decision Date: | 05/07/2015 | UR Denial Date: | 03/20/2015 |
| Priority: | Standard | Application Received: | 03/25/2015 |

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: Florida

Certification(s)/Specialty: Neurology, 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:

The injured worker is a 49 year old female who sustained an industrial injury on 9/26/14. The injured worker reported symptoms in the right knee, back and bilateral shoulders. The injured worker was diagnosed as having lumbar/lumbosacral disc degeneration, hip sprain, and patella dislocation; closed. Treatments to date have included knee immobilizer, crutches, physical therapy, massages, transcutaneous electrical nerve stimulation unit, heat/ice application, and acupuncture treatment. Currently, the injured worker complains of pain in the right knee, back and bilateral shoulders. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ketoprofen 25%/Flurbiprofen 25% compounded cream dispensed in office 2/3/2015: 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 topicals Page(s): 111.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. They do not indicate a condition of pain with intolerance or contraindication to oral NSAIDS. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed or oral NSAIDS are not tolerated. As such, the medical records do not support use of this medication congruent with MTUS. Therefore, the request is not medically necessary.