

Case Number:	CM14-0115743		
Date Assigned:	08/04/2014	Date of Injury:	10/09/2009
Decision Date:	10/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Nevada and California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 36 year old male injured on 10/09/09 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. Diagnoses include status post right hip arthroscopy unsuccessful with severe right hip pain, inability to ambulate without cane, and right knee internal derangement. Clinical note dated 06/03/14 indicated the injured worker presented complaining of constant low back pain rated at 10/10, and constant right hip pain rated at 10/10. The injured worker reported not attending physical therapy at that time. Physical examination revealed single point cane for ambulation, right hip pain with flexion, abduction, internal rotation with radiation into the groin area, straight leg raise testing revealed weakness in the iliopsoas muscle. Documentation indicated the patient had MRI with anterior and posterior labral tears of the right hip which had failed maximum conservative care. The request for authorization for the patient to undergo total right hip arthroplasty and all other preoperative and postoperative treatments submitted. The injured worker provided prescription for compounded topical analgesic. The initial request was non-certified on 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% cream, 120gm.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Flurbiprofen has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Flurbiprofen 20% cream, 120gm cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.