

Case Number:	CM14-0218065		
Date Assigned:	01/07/2015	Date of Injury:	10/25/2013
Decision Date:	03/06/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Physical Medicine & Rehabilitation

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 fifty-eight year old male who sustained a work-related injury on October 25, 2013. A request for Flurbiprofen compound #120 dispensed 4/7/2014 and Flurbiprofen compound #120 dispensed 5/5/2014 was non-certified by Utilization Review (UR) on November 26, 2014. The UR physician utilized the California (CA) MTUS guidelines in the determination. The CA MTUS indicates that for non-steroidal anti-inflammatory drugs (NSAIDS), 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 two weeks for osteoarthritis, but either not afterward or with a diminishing effect over another two-week period." After review of the submitted documentation, the UR physician noted that the records indicate the injured worker was prescribed oral NSAIDS for inflammation and Prilosec to aid in gastritis and that a request for Flurbiprofen compound would not be indicated. A request for Independent Medical Review (IMR) was initiated on December 20, 2014. A review of the documentation submitted for IMR included a physician's evaluation dated November 19, 2014. The evaluating physician noted that the injured worker had left knee arthroscopic surgery on April 5, 2014 and continued to have left knee pain. He rated the pain an 8 on a 10-point scale. The evaluating physician noted that the injured worker was taking naproxen on a regular basis. On examination, the injured worker had well-healed arthroscopic portals and positive effusion. The knee was stable to medial collateral, lateral collateral and anterior and posterior drawer sign. Tenderness was noted over the medial

and lateral joint lines. The injured worker was returned to work at full duty and was continued on Anaprox for inflammation and Prilosec for stomach acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen compound, QTY: 120 (DOS:04/07/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen (Ansaïd, generic available) Page(s): 70-73.

Decision rationale: The patient is a 58 year-old male with a 10/25/13 date of injury. The 11/19/14 medical report states the patient underwent left knee arthroscopic surgery on 4/05/14 and still has 8/10 pain, and is working full duty. The diagnoses is: status post left knee surgery on 4/5/14 and right elbow medial epicondylitis, rule out cubital tunnel syndrome. The 11/26/14 Utilization review letter indicates the 3/5/14 medical report and 1/15/14 left knee MRI were reviewed; and the reviewer denied the Flurbiprofen compound, Qty:120 for DOS 4/7/14 and the Flurbiprofen compound that was dispensed on 5/5/14. The 3/5/14, 4/7/14 or 5/5/14 medical reports were not available for this review. There are no medical reports provided that discuss the use of Flurbiprofen. It is not clear why utilization review believes this is a topical compound, the quantity of 120. MTUS Chronic Pain Medical Treatment Guidelines, pg 70-73 states Flurbiprofen (Ansaïd, generic available): 50, 100 mg. Dosing: Osteoarthritis and mild to moderate pain: 200-300mg per day at intervals of 2 to 4 divided doses. The maximum daily dose is 300 mg/day and the maximum divided dose is 100 mg (for instance, 100 mg twice a day). The available records do not discuss the frequency, or dosage, nor do they discuss whether this is a topical compound as indicated by UR. There is not enough information provided to verify that the prescription for Flurbiprofen is in accordance with the dosing information listed in the MTUS guidelines. Based on the available information, the request for Flurbiprofen compound, Qty:120 for DOS 4/7/14 IS NOT medically necessary.

Flurbiprofen compound, QTY: 120 (DOS:05/05/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen (Ansaïd, generic available) Page(s): 70-733.

Decision rationale: The patient is a 58 year-old male with a 10/25/13 date of injury. The 11/19/14 medical report states the patient underwent left knee arthroscopic surgery on 4/05/14 and still has 8/10 pain, and is working full duty. The diagnoses is: status post left knee surgery on

4/5/14 and right elbow medial epicondylitis, rule out cubital tunnel syndrome. The 11/26/14 Utilization review letter indicates the 3/5/14 medical report and 1/15/14 left knee MRI were reviewed; and the reviewer denied the Flurbiprofen compound, Qty:120 for DOS 4/7/14 and the Flurbiprofen compound that was dispensed on 5/5/14. The 3/5/14, 4/7/14 or 5/5/14 medical reports were not available for this review. There are no medical reports provided that discuss the use of Flurbiprofen. It is not clear why utilization review believes this is a topical compound, the quantity of 120. MTUS Chronic Pain Medical Treatment Guidelines, pg 70-73 states Flurbiprofen (Ansaid, generic available): 50, 100 mg. Dosing: Osteoarthritis and mild to moderate pain: 200-300mg per day at intervals of 2 to 4 divided doses. The maximum daily dose is 300 mg/day and the maximum divided dose is 100 mg (for instance, 100 mg twice a day). The available records do not discuss the frequency, or dosage, nor do they discuss whether this is a topical compound as indicated by UR. There is not enough information provided to verify that the prescription for Flurbiprofen is in accordance with the dosing information listed in the MTUS guidelines. Based on the available information, the request for Flurbiprofen compound, Qty:120 for DOS 5/5/14 IS NOT medically necessary.