

Case Number:	CM15-0011003		
Date Assigned:	01/28/2015	Date of Injury:	12/12/2012
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: Preventive Medicine, Occupational Medicine

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 12/12/2012. She has reported low back and right knee pain. The diagnoses have included lumbosacral strain/sprain, right knee contusion and strain per history, right knee tendinitis, and depression. Past surgical history included left shoulder arthroscopic surgery in 2010, Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, aquatic therapy, epidural steroid injections. Currently, the IW complains of bilateral leg swelling and sensitivity, low back pain, depression, and global body pain and burning. On 10/14/14, the provider documented complex regional pain syndrome (CRPS), with associated symptoms of bilateral lower extremity swelling, mottling, temperature change, weakness and "profound allodynia". Plan of care included treatment for CRPS, including intravenous infusion of ketamine, psychological evaluation, dental consult, dermatology consult, discontinue narcotic and smoking cessation. On 12/23/2014 Utilization Review non-certified Flurbiprofen Powder six (6) Grams, noting the topical Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) are largely experimental. The MTUS and ODG Guidelines were cited. On 1/20/2015, the injured worker submitted an application for IMR for review of Flurbiprofen Powder six (6) Grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen powder 6gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: MTUS Guidelines are very specific recommending that only FDA approved agents for topical use are appropriate and supported by Guidelines. There are FDA approved NSIAD topical agents and compounded Flubiprofen is not one of them. The Flubiprofen Powder 6gms is not supported by Guidelines and is not medically necessary.