MAXIMUS Federal Services

Case Number:	CM15-0011586		
Date Assigned:	01/29/2015	Date of Injury:	03/07/2014
Decision Date:	03/25/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/21/2015

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: 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 48 year old female with an industrial injury dated 03/07/2014. Her diagnoses include other specified disorders of bursae and tendons in shoulder region, pain in joint, shoulder region, tear of medial cartilage or meniscus of knee, and pain in joint, lower leg. Recent diagnostic testing has included a MRI of the right knee (dates not provided) showing a meniscal tear, x-rays of the left shoulder, left humerus and right knee and tibia (dates not provided) which showed no changes in osteoarthritis. She has been treated with right knee arthroscopic surgery (08/05/2014 & 12/16/2014), medications, and physical therapy. In a progress note dated 12/24/2014, the treating physician reports sharp pain with a burning sensation to the left bicep, and sharp pain to the right knee. The objective examination revealed instability of the right knee. The treating physician is requesting Flurbiprofen compound which was denied by the utilization review. On 12/17/2014, Utilization Review non-certified a prescription for Flurbiprofen compound 180gm #1 dispensed on 09/26/2014, noting the absence of documented failed trials of first-line recommendations. The MTUS Guidelines were cited.On 01/20/2015, the injured worker submitted an application for IMR for review of Flurbiprofen compound 180gm #1 dispensed on 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen compound 180gm #1, dispensed 09/26/14: 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 Analgesic; Salicylate topicalsMedications for chronic pain Page(s): 111-113, 105, 60.

Decision rationale: This patient presents with right knee pain, and left bicep pain. The treater has asked for retrospective Flurbiprofen compound 180gm #1 dispensed 9/26/14 but the requesting progress report is not included in the provided documentation. The patient was prescribed a flurbiprofen compound 180mg on 9/3/14 report. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the patient does present with knee pains for which topical NSAIDs may be indicated. The treater does not, however, indicate how this topical product is being used and with what efficacy. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request is not medically necessary.