

Case Number:	CM15-0115374		
Date Assigned:	06/23/2015	Date of Injury:	07/09/2013
Decision Date:	07/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 was a 43-year-old male, who sustained an industrial injury, July 16, 2013. The injured worker previously received the following treatments Ibuprofen, Flurbiprofen cream, physical therapy, bilateral knee surgery and acupuncture. The injured worker was diagnosed with cervical spine sprain/strain, bilateral shoulder strain/sprain, thoracic spine strain/sprain, lumbar spine strain/sprain, left and right knee osteoarthritis, cardiology consultation, random laboratory studies and home exercise program. According to progress note of April 6, 2015, the injured worker's chief complaint was bilateral knee, lumbar spine, cervical spine, bilateral shoulder pain. The injured worker reported improvement of symptoms of the bilateral knee pain after surgery, physical therapy and acupuncture. The pain was only with squatting. The lumbar spine pain was 3 out of 10. The bilateral shoulder pain was improved. The injured worker reported the mediations were helpful. The physical exam noted significant improvement of the cervical spine, bilateral shoulder and bilateral knees. The injured worker had increased mobility and strength. There was decreased frequency of medication intake. The gait was normal and without an assistive device. There was medial joint tenderness bilateral. There was four out of five muscle strength to the quadriceps bilaterally. The treatment plan included a prescription renewal for Flurbiprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen cream with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Topical NSAIDs Page(s): 112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work injury in July 2013 and continues to be treated for cervical and lumbar spine pain and bilateral shoulder and knee pain. When seen, medications prescribed were oral ibuprofen and topical Flurbiprofen with the assessment referencing the claimant has indicating that the medications were helpful. There was decreased lower extremity strength with medial knee joint line tenderness. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral ibuprofen was also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.