

Case Number:	CM15-0126058		
Date Assigned:	07/10/2015	Date of Injury:	07/15/2009
Decision Date:	09/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 57 year old male, who sustained an industrial injury on 7/15/2009. He reported bilateral knee pain after crawling. The injured worker was diagnosed as having status post left total knee replacement with revision, right knee strain with history of open surgical procedure at age 15, right shoulder strain, lumbosacral strain. Treatment to date has included medications, ice, x-rays, supartz injections, magnetic resonance imaging of the right knee (2/10/2010), knee surgery (3/4/2010), physical therapy, bone scan (8/2010), left knee surgery (9/9/2010), magnetic resonance imaging of both knees (8/12/2011), CT scan of left knee (8/25/2011), magnetic resonance imaging of the left knee (7/3/2012), left total knee replacement (11/26/2012). The request is for Flurbiprofen 20% cream #2. On 4/30/2014, it is noted he has had surgery of the knees, and reported having several courses of physical therapy which he felt increased his symptoms. He complained of bilateral knee pain and swelling, back pain, right arm/shoulder pain. He felt he had no improvement with the left knee. He reported the left knee gives way causing him to fall. He uses a cane daily for ambulation. The treatment plan included: Hydromorphone, Morphine, Gabapentin, and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% cream #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Topical analgesics Page(s): 67-73, 111-113.

Decision rationale: The CA MTUS recommends topical analgesics for neuropathic pain when anticonvulsants and antidepressants have been trialed and failed. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Topical creams containing NSAIDs may be recommended for short term for osteoarthritis and tendinitis of the knee, ankle, elbow, foot, hand, and wrist, for short-term use (4-12 weeks). Topical NSAIDs are not recommended for osteoarthritis of the spine, hip, or shoulder. The injured worker has been indicated to have a history of osteoarthritis of the left knee. The records are unclear regarding when the Flurbiprofen 20% cream was originally prescribed or how long the injured worker has been utilizing the medication. In addition, the request does not specify the body part for application of the Flurbiprofen 20% cream or indicate the frequency of application of this medication. The records also, do not indicate a trial and failure of anticonvulsants or antidepressants. Flurbiprofen is not FDA approved for topical use. Therefore, the request for the Flurbiprofen 20% cream #2 is not medically necessary.