

Case Number:	CM15-0127215		
Date Assigned:	07/13/2015	Date of Injury:	12/24/2012
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, New York, 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 applicant is a represented 29-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 24, 2012. In a Utilization Review report dated June 9, 2015, the claims administrator failed to approve a request for a Flurbiprofen-containing cream. The claims administrator referenced a May 19, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 20, 2015, the applicant was placed off of work, on total temporary disability. Multiple medications were renewed, including a ketoprofen cream, glucosamine, dietary supplements such as Theramine, multiple topical compounds, Tramadol, Docuprene, and Norco. The applicant was kept off of work. It was suggested that the applicant would ultimately require a knee surgery for a torn meniscus. Toward the bottom of the report, it was suggested that the applicant continue a TENS unit, continue oral Fenoprofen, continue Prilosec for gastritis, and continue a Flurbiprofen-containing cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Creme #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Topical Analgesics Page(s): 7; 112.

Decision rationale: No, the request for a topical Flurbiprofen-containing cream was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical NSAIDs such as Flurbiprofen are indicated in the treatment of arthritis and tendonitis of the knee or other joints amenable to topical application, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines also stipulate that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider's June 20, 2015 progress note did not outline any evidence of medication efficacy insofar as the Flurbiprofen-containing cream in question was concerned. The applicant continued to report pain complaints as high as 8/10 on that date, it was incidentally noted. Ongoing usage of the Flurbiprofen-containing cream failed to curtail the applicant's dependence on other analgesics, including opioid agents such as Tramadol or Norco. The attending provider did not, furthermore, reconcile his statement toward the top of the report to the effect that the applicant was using one topical NSAID, ketoprofen, with a subsequent statement toward the bottom of the report that he wished for the applicant to also employ the Flurbiprofen-containing cream in question. A clear rationale for concurrent usage of two separate topical NSAIDs was not furnished, particularly in light of the fact that the applicant was also using oral Fenoprofen, a third NSAID. Therefore, the request was not medically necessary.