

<b>Case Number:</b>	CM13-0003964		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/26/1997
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53-year-old male who sustained a remote industrial injury on 08/26/1997 diagnosed with right knee medial meniscus tear. Request for one prescription of Flurbiprofen 25% 7.5 gms between 5/16/2013 and 5/16/2013, 1 prescription for lidocaine 5% 1.5 gm between 5/16/2013 and 5/16/2013, and one prescription for Ultraderm base 21 gms between 5/16/2013 and 5/16/2013 were conditionally non-certified at utilization review, as multiple requests for additional information went unanswered. CT of the right knee without contrast performed on 01/17/12 revealed moderate degenerative/arthritis changes affecting the medial compartment of the knee with associated subchondral cystic changes involving the medial tibial plateau and intercondylar eminence. The medial meniscus was markedly diminutive in size. Partial thickness chondral loss affects the lateral compartment of the knee. MRI of the right knee performed on 11/21/12 revealed joint effusion and possible leaking popliteal cyst. Stable mild patellar chondromalacia. Lateral compartment and anterior cruciate ligaments are intact. On 05/16/13 the patient presented reporting. He was recently squatting and his knee pain increased. Physical examination revealed effusion at the knee and lateral tenderness. Conservative measures were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF FLURBIPROFEN 25% 7.5 GRAMS(DOS: 5/16/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per CA MTUS guidelines, NSAIDs such as flurbiprofen are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical Non-Steroidal Anti-Inflammatory Drugs (NSAID) for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, the patient has documented osteoarthritis of the knee. However, the current request does not specify dose or frequency to support the medical necessity of topical flurbiprofen use. Multiple requests for additional information were unanswered, and therefore the requested retrospective request for 1 prescription of Flurbiprofen 25% 7.5 grams (DOS: 5/16/13) is not medically necessary and appropriate.

**RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF LIDOCAINE 5% 1.5 GRAMS (DOS: 5/16/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The CA MTUS notes that topical application of medications is largely experimental. Topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed. Documentation does not describe well-demarcated neuropathic pain that has failed the gamut of readily available oral agents in the antidepressant, antiepileptic, or nonsteroidal anti-inflammatory class to support the medical necessity of topical agents. Per the CA-MTUS Guidelines, lidocaine is only supported as a dermal patch, and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, the exact dose and frequency is not provided. Therefore, the retrospective request for 1 prescription of Lidocaine 5% 1.5 grams (DOS: 5/16/13) is not medically necessary and appropriate .

**RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF ULTRADERM BASE 21 GRAMS (DOS: 5/16/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The CA MTUS notes that topical application of medications is largely experimental. Topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed. Documentation does not describe well-demarcated neuropathic pain that has failed the gamut of readily available oral agents in the antidepressant, antiepileptic, or nonsteroidal anti-inflammatory class to support the medical necessity of topical agents. Records provided do not identify dose, frequency or body part for the requested Ultraderm Base, and requests for additional information went unanswered. Therefore, Ultraderm Base 21 grams (DOS: 5/16/13) is not medically necessary and is not medically necessary and appropriate.