

Case Number:	CM13-0018525		
Date Assigned:	10/11/2013	Date of Injury:	01/27/2006
Decision Date:	10/01/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/29/2013

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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 50 year old male who was injured on 1/27/2006. He was diagnosed with internal derangement of the right knee and lower leg injury. He was treated with a knee brace, Synvisc, topical analgesics (including flurbiprofen/lidocaine and tramadol), knee steroid injections, knee arthroscopy/surgery, and oral NSAIDs. Before starting on both topical tramadol and topical flurbiprofen/lidocaine on 3/15/13, he reported to his primary treating physician that his right knee pain level was at 3-6/10 on the pain scale. Later, on 4/24/13, he reported his pain level was 1-7/10 on the pain scale with the use of his medications. On 7/24/2013, the worker was again seen by his primary treating physician reporting continual right knee pain and requesting a Synvisc injection. No objective findings suggested any change in his presentation. He was then given refills on his medications (topical and oral) and given a Synvisc injection in the right knee

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Flurbiprofen 25%/ Lidocaine 5%/ Menthol 5%/ Camphor 1%: 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 Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are recommended as an option, but are largely experimental in use with few randomized controlled trials to determine efficacy or safety, particularly with compounded or combination products. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no longterm studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, the use of this combination topical analgesic preparation was intended to help reduce the use of his opioid medication. The worker began using this medication months prior to the date of this request. Upon review of the progress notes available for review, there was no evidence of any neuropathic pain nor of any significant improvements in functional benefit from the use of the topical analgesic. Also, the worker is already taking an oral NSAID. Due to the fact that it is unnecessary to use combination products such as this (lack of evidence), that there is minimal evidence of functional benefit attributed to topical flurbiprofen/lidocaine in this worker, that it is unnecessary to take both a topical and an oral NSAID, and that it isn't recommended to be on NSAIDs (including topical) chronically, the flurbiprofen/lidocaine topical analgesic medication is not medically necessary.