

Case Number:	CM13-0028325		
Date Assigned:	11/27/2013	Date of Injury:	10/01/1990
Decision Date:	01/29/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 patient reported an injury on 10/01/1990. The mechanism of injury was a fall. Her injuries resulted in a right total knee replacement in 2013 with a course of post-operative physical therapy. Other therapies include an arthroscopic surgery in 2012, Synvisc injections, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 1 prescription of anti-inflammatory compound cream Flurbiprofen 10%, Diclofenac 6%, Indomethacin 6% and Lidocaine 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines recommend the use of topical analgesics to treat neuropathic and osteoarthritic pain. Guidelines also state that any product in a compounded medication that is not recommended causes the entire medication to be not recommended. The current request notes that the medication combination includes diclofenac 6% and lidocaine 5%. Guidelines state that diclofenac is only recommended in a 1% formulation and lidocaine is not

recommended in any formulations (lotions or creams), other than a dermal patch. As such, the request for 1 prescription of anti-inflammatory compound cream flurbiprofen 10%, diclofenac 6%, indomethacin 6%, and lidocaine 5% is non-certified.