

<b>Case Number:</b>	CM13-0038133		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Orthopedic Surgery, 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:

The claimant is a 37-year-old individual who sustained injuries to the bilateral knees on September 13, 2012. The clinical records provided for review included an operative report dated October 13, 2013 documenting that the claimant underwent right knee arthroscopy, synovectomy, partial median meniscectomy and debridement. Prior to the surgery, a September 12, 2013 assessment by [REDACTED] documented continued complaints of pain in the knee and treatment to include Norco, Voltaren and topical flurbiprofen/lidocaine cream to be used twice daily. The recommendation for the October 13, 2013 surgical arthroscopy was also made at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN 100MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs.

**Decision rationale:** The claimant at present has a symptomatic flare of the knee for which he underwent an October 2013 knee arthroscopy. The use of Voltaren at this stage in the claimant's

acute process would appear to be medically warranted and in accordance with the MTUS Chronic Pain Guidelines. The request is medically necessary and appropriate.

**FLURBIPROFEN/LIDOCAINE CREAM 25MG:** 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): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend the topical compound to include flurbiprofen and lidocaine. The medical records do not indicate that the claimant has a need for use of the topical agent. The use of Flurbiprofen in and of itself is not supported by the MTUS Chronic Pain Guidelines. Lidocaine is only indicated for use in individuals with neuropathic pain for whom the use of first line agents are not indicated or supported. There is no documentation to indicate that the claimant is diagnosed with neuropathic pain or would not be able to tolerate first line agents. The specific request for this topical compound would thus not be medically necessary and appropriate.