

Case Number:	CM13-0053264		
Date Assigned:	12/30/2013	Date of Injury:	11/08/2006
Decision Date:	03/14/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 is a 69 year old male who reported an injury on 11/08/2006. The mechanism of injury is not specifically stated. The patient is diagnosed with low back pain, bilateral knee pain, and lipoma in the right gluteal region. The patient was seen b [REDACTED] on 09/05/2013. Physical examination revealed an antalgic gait, swelling in the right gluteal region, tenderness to palpation, decreased range of motion, positive straight leg raising, right knee swelling, tenderness to palpation of the medial joint line, and decreased range of motion. Treatment recommendations included x-rays, physical therapy, a lumbar and right knee support brace, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/lidocaine/amitriptyline-ultraderm 20%/5%/5% 240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of neuropathic pain upon physical examination. There is also no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. The only FDA approved topical NSAID is diclofenac. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.