

Case Number:	CM13-0055121		
Date Assigned:	04/25/2014	Date of Injury:	04/08/2013
Decision Date:	07/07/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/20/2013

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 Internal 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:

The patient is an injured worker with a right knee condition with a date of injury of 04-08-2013. The primary treating physician progress note 10-04-2013 documented subjective complaint of right knee pain. Physical examination documented right knee tenderness, flexion 100/150, extension 0/0. The diagnoses were internal derangement of right knee, pain in joint. The treatment plan included Norco 7.5/325. The primary treating physician progress note documented blood pressure measurements: 10-04-2013 BP 140/76, 09-04-2013 BP 155/87, 07-26-2013 BP 149/85. The doctor's first report dated 05-20-2013 documented a medical history of hypertension, diabetes, hyperlipidemia, history of adverse reaction to Naproxen (swelling). The medications included Lisinopril, Glipizide, Glucophage, and Lipitor. A utilization review dated 10-22-2013 recommended non-certification of the request for DFL (Diclofenac 6%, Flurbiprofen 6%, Lidocaine 2%).

IMR ISSUES, DECISIONS AND RATIONALES

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

DFL (DICLOFENEAC 6%, FLURBUPROFEN 6%, LIDO 2%) 60 GRAMS WITH 2 REFILLS: 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 Medical Treatment Guidelines discuss topical analgesics. Voltaren Gel 1% (Diclofenac) is a Food and Drug Administration (FDA) approved non-steroidal anti-inflammatory drugs (NSAIDs) indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Flurbiprofen is not FDA approved as a topical analgesic. Topical lidocaine is recommended for localized neuropathic peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). For non-neuropathic pain, topical lidocaine is not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The MTUS guidelines present a warning for all NSAIDs: for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. Periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests) is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. In this case, the progress notes documented a medical history of hypertension, diabetes, and hyperlipidemia. The medications included Lisinopril, Glipizide, Glucophage, Lipitor. Primary treating physician progress note documented blood pressure measurements. No laboratory tests are documented. No trial of tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica is documented. The patient has a history of adverse reaction to Naproxen (swelling) which is an NSAID. No neuropathic pain is documented. DFL (Diclofenac 6%, Flurbiprofen 6%, Lidocaine 2%) was requested. Flurbiprofen is not FDA approved as a topical analgesic. Diclofenac is FDA approved as Voltaren Gel 1%. The requested DFL topical contains Diclofenac 6% which exceeds FDA approved concentrations. DFL contains two NSAIDs. Both Diclofenac and Flurbiprofen are NSAIDs, which are not recommended in a patient with hypertension, cardiovascular risk factors, diabetes, hyperlipidemia, and elevated blood pressure measurements. The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for DFL (Diclofenac 6%, Flurbiprofen 6%, Lidocaine 2%) is not medically necessary.