

Case Number:	CM14-0100908		
Date Assigned:	07/30/2014	Date of Injury:	06/07/2011
Decision Date:	10/01/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 43-year-old female was reportedly injured on June 7, 2011. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated July 11, 2014, indicates that there are ongoing complaints of low back pain, left knee pain, and ankle pain. Current medications include Lyrica, Ultram, and Zipsor. The physical examination demonstrated ambulation with an antalgic gait and a depressed appearance. Diagnostic imaging studies of the lumbar spine showed mild levoscoliosis and no significant degenerative disc disease or bulging. An MRI of the left knee showed a partial tearing of the meniscalfemoral and meniscaltibial ligaments. There was mild to moderate chondromalacia. Previous treatment includes physical therapy, aquatic therapy, chiropractic care, and Euflexxa injections a request had been made for a topical compound of flurbiprofen/cyclobenzaprine/gabapentin/lidocaine/Prilocaine in Lidoderm and was not certified in the pre-authorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, cyclobenzaprine 1%, gabapentin 6%, lidocaine 2%, prilocaine 2% in Lidoderm activemax with 5 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 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for flurbiprofen/cyclobenzaprine/gabapentin/lidocaine/Prilocaine in Lidoderm is not medically necessary.