MAXIMUS Federal Services

Case Number:	CM14-0101549		
Date Assigned:	07/30/2014	Date of Injury:	02/06/2011
Decision Date:	10/08/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/01/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 31-year-old male with a reported date of injury on 02/06/2011. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include status post right knee arthroscopy, status post left knee arthroscopic surgery with a tear of the medial meniscus, lumbar spine pain, plantar fasciitis, and psychiatric issues. His previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 07/08/2014 revealed complaints of left knee pain, rated 6/10. The physical examination of the knee revealed tenderness in the joint line and a positive patella grind test. The anterior drawer test and posterior pivot shift test were negative. The McMurray test was positive and there was crepitus with painful range of motion. There was no clinical evidence of instability. The Request for Authorization form was not submitted within the medical records. The request was for flurbiprofen, capsaicin, lidocaine/hyaluronic patch; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen; Capsaicin; Lidocainel/ Hyaluronic Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 70, 72, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen; Topical analgesics; Topical Capsaicin Page(s): 72; 111; 28.

Decision rationale: The injured worker complains of knee pain. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterword, or with a diminishing effect over another 2 week period. Flurbiprofen is classified as a nonsteroidal anti-inflammatory agent. This agent is not currently FDA approved for topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solutions. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines do not recommend flurbiprofen as a topical analgesic and capsaicin is only for those that are intolerant to other treatments. Lidocaine is FDA approved as a topical analgesic only in the Lidoderm patch. The guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended, and flurbiprofen, capsaicin, and lidocaine are not recommended. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Flurbiprofen, Capsaicin, Lidocaine/Hyaluronic patch is not medically necessary.