

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0016194 |                              |            |
| <b>Date Assigned:</b> | 04/14/2014   | <b>Date of Injury:</b>       | 09/13/2012 |
| <b>Decision Date:</b> | 05/28/2014   | <b>UR Denial Date:</b>       | 02/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/10/2014 |

### 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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 37-year-old male who reported an injury on 09/13/2012. The mechanism of injury was the injured worker and 2 other officers were taking a shackled high-risk inmate to the infirmary, and in the process of weighing the inmate, the inmate attacked a nurse by headbutting her, and in the process of taking down the inmate with the assistance of the other 2 officers, the injured worker hurt his right knee. The injured worker's medications included Terocin lotion and Diclofenac as of 08/16/2013. The injured worker underwent an arthroscopic partial medial meniscectomy, synovectomy of the medial compartment, intracondylar notch, lateral compartment and patellofemoral joint, and chondroplasty of the medial femoral condyle on 10/11/2013. The diagnosis was a right medial meniscal tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE (DOS: 12/5/13) FLURBIPROFEN/LIDOCAINE CREAM 20ML:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...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 afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution...Regarding the use of Lidocaine...Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to indicate the injured worker had neuropathic pain and had trial and failure of antidepressants and anticonvulsants. There was no DWC Form RFA nor PR2 submitted with objective findings to support the necessity for nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency and the strength of the requested medication. Given the above, the request for retrospective date of service for Flurbiprofen/Lidocaine cream 20 mL is not medically necessary.