

<b>Case Number:</b>	CM14-0019595		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	08/25/2004
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2014

### 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 Family 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:

This injured worker's date of injury is 08/25/2004. The patient's treating physician is treating the patient for chronic right knee pain, with a clinical diagnosis of tricompartmental osteoarthritis of the right knee. The treating physician states in his note dated 01/22/2014 that the patient previously received a cortisone injection of the right knee on 10/23/'13, but was experiencing increasing knee pain. The patient has difficulty walking and stair climbing. On examination, the knee had an effusion, exhibited crepitus and had a positive varus stress test on exam. The physician is requesting two topical analgesic creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE CONTAINER OF ENOVARX-IBUPROFEN 10% CREAM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDs).

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

**Decision rationale:** The patient has chronic right knee pain with a clinical diagnosis of tricompartmental osteoarthritis, a degenerative joint ailment. EnovaRx- ibuprofen 10% cream contains an NSAID, ibuprofen, and this product is marketed as a topical analgesic. Topical

analgesics are considered experimental when used to treat the pain from osteoarthritis the few clinical trials that have been done show inconsistent results and are effective only for a short amount of time. Based on the documentation presented in the case, the request for EnovaRx-ibuprofen cream is not medically necessary.

**ONE CONTAINER OF XOLIDO CREAM 2% (LIDOCAINE HCL CREAM):** 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 patient has chronic right knee pain with a clinical diagnosis of tricompartmental osteoarthritis, a degenerative joint ailment. The treating physician is requesting Xolido cream, which contains Lidocaine. This is considered a topical analgesic. Topical analgesics are considered experimental when used to treat the pain from osteoarthritis. Topical Lidocaine may be beneficial in some cases of neuropathic pain, as a second line treatment. For cases of non-neuropathic pain, topical Lidocaine is not recommended. Based on the documentation presented in the case, the request for Xolido cream is not medically necessary.