

Case Number:	CM14-0133216		
Date Assigned:	08/22/2014	Date of Injury:	03/02/2001
Decision Date:	10/01/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Illinois. 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 65-year-old female who reported an injury on 03/02/2001. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of cervical spondylosis, status post anterior cervical discectomy and fusion, morbid obesity, advanced medial compartmental arthritis in the knees bilaterally and cervical disc protrusions. Medical treatment consists of physical therapy and medication therapy. There were no pertinent diagnostics submitted for review. The injured worker underwent anterior cervical discectomy and fusion. On 06/10/2014 the injured worker complained of bilateral knee pain. Physical examination revealed that there was no significant tenderness along the medial joint lines, subtle crepitation with range of motion and pain with deep tendon flexion. The treatment plan is for the injured worker to have use of a LF520H cream. The injured worker stated that she wanted to avoid oral medications. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LF520H (Lidocaine 5%, Flurbiprofen 20%, Hyaluronic acid 0.2%) apply bid-tid 120 grams x 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.

Decision rationale: The request for LF520H (Lidocaine 5%, Flurbiprofen 20%, Hyaluronic acid 0.2%) apply bid-tid 120 grams x 2 refills is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use, with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least 1 drug that is not recommended is not recommended. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment; recommended for short-term use (4 to 12 weeks). As the guidelines do not recommend the use of topical application, the medication would not be indicated. Furthermore, it was also unclear as to why the injured worker would not benefit from oral medications instead of topical medications. Additionally, it was not documented that the injured worker had a diagnosis which would be congruent with the guideline recommendations for topical NSAIDs. Furthermore, the request as submitted lacked a frequency and duration of the medication. As such, the request for LF520H (Lidocaine 5%, Flurbiprofen 20%, Hyaluronic acid 0.2%) apply bid-tid 120 grams x 2 refills is not medically necessary.