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| <b>Case Number:</b>   | CM14-0134990 |                              |            |
| <b>Date Assigned:</b> | 08/29/2014   | <b>Date of Injury:</b>       | 07/08/1999 |
| <b>Decision Date:</b> | 10/02/2014   | <b>UR Denial Date:</b>       | 08/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/21/2014 |

### 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 Occupational 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:

The patient is a 62-year-old female who has submitted a claim for lower leg joint pain associated with an industrial injury date of July 8, 1999. Medical records from 2014 were reviewed. The patient complained of bilateral knee pain, more on the right than left. Pain has been persistent following total knee revision. Anti-inflammatories provide some functional improvement and pain relief. Physical examination showed limitation of motion of the right knee and tenderness along the medial joint line and posteriorly. The diagnoses were status post right total knee arthroplasty revision and chronic pain syndrome. Treatment to date has included oral and topical analgesics and knee surgery. Utilization review from August 5, 2014 denied the request for lidocaine/flurbiprofen 5%/20% 120 grams with 2 refills. There was no indication that first-line oral antidepressants and anticonvulsants have failed. In addition, there was no evidence that oral pain medications are insufficient to alleviate pain symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LF520-LIDOCAINE/FLURBIPROFEN 5%/20% 120 GRAMS, WITH 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): 111-113.

**Decision rationale:** As stated on pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. CA MTUS recommends topical NSAID formulation for diclofenac only. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In addition, guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there was no documentation of trial antidepressants and anticonvulsants. There was also no evidence of failure of oral pain medications to manage pain. Moreover, both the components of the requested compounded medication are not supported by the guideline for topical use. Any compounded product that contains at least one drug that is not recommended is not recommended. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request is not medically necessary.