

Case Number:	CM14-0158871		
Date Assigned:	10/02/2014	Date of Injury:	07/19/2001
Decision Date:	12/24/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/29/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 51-year-old male with an injury date of 07/19/2001. Based on the 05/20/2014 progress report, the patient complains of bilateral knee pain as well as low back pain. He ambulates with the aid of a cane and has tenderness in the lower lumbar paravertebral musculature. In regards to the bilateral knees, there is tenderness along the lateral joint line and pain with deep flexion. The 08/14/2014 progress report indicates the patient recently had an acute exacerbation of low back pain where he was diagnosed with pharyngitis and treated for this. His low back pain radiates to his leg. He has a positive sitting straight leg raise bilaterally. The patient's diagnoses include the following: 1. Recurrent lateral meniscal tear, left knee. 2. Probable lateral meniscal tear, right knee. 3. Status post bilateral knee arthroscopies. 4. Mild stenosis, L4-L5. 5. Right De Quervain's stenosing tenosynovitis. 6. Plantar fasciitis. The Utilization Review determination being challenged is dated 09/06/2014. There were two treatment reports provided from 05/20/2014 and 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5%/Flurbiprofen 20% 120 gm 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 Lidocaine, Lidocaine indication Page(s): 57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Lidoderm Â® (Lidocaine Patch).

Decision rationale: According to the 08/14/2014 progress report, the patient presents with low back pain which radiates to his legs. The request is for Lidocaine 5% /Flurbiprofen 20% 120g with 2 refills. MTUS guidelines page 57 states, "Topical lidocaine may be recommended for localized peripheral after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or AEDs such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain recommended for localized peripheral pain." When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial for a short-term use with outcome documenting pain and function. In this case, the patient presents with radicular symptoms and pain in back, but not pain that is peripheral and localized neuropathic. Lidocaine would not be indicated based on guidelines. MTUS Guidelines provides a clear discussion regarding topical compounded creams. In regards to flurbiprofen, it does not support the use of topical NSAIDs for axial and spinal pain, but supports it for peripheral joint arthritis and tendonitis. The patient does not appear to have arthritis and tendonitis and there is no indication of where this compounded cream will be applied to. It appears that the patient presents with lower back pain, and this topical medication is not indicated for it. Therefore, the request is not medically necessary.