

<b>Case Number:</b>	CM14-0022842		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Management and is licensed to practice in Tennessee. 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:

Patient is a 37-year-old male who has submitted a claim for s/p right knee arthroscopy and medial meniscectomy, right knee pain and compensatory sprain/strain of the left knee associated with an industrial injury date of 9/13/2012. Medical records from 2012-2013 were reviewed which revealed frequent bilateral knee pain accompanied with popping and swelling. Aggravating factors include prolonged sitting, standing, walking, driving, climbing the stairs and squatting. Pain decreased with use of ice packs and analgesic cream. Physical examination of the knees showed no palpable effusion. There was tenderness noted over the medial joint line. McMurray test was positive on the right knee. There was no laxity of the medial or lateral collateral ligaments. Drawer sign and Lachman test were negative. There was no pivot shift and rotary instability noted. Treatment to date has included, physical therapy sessions and home exercise program. Medications taken include, Norco, Diclofenac and Voltaren EC. Utilization review from 9/26/2013 denied the request for Flurbiprofen/Lidocaine cream and Voltaren EC. Request for Norco was modified to partial certification. Regarding Flurbiprofen/Lidocaine cream, it was denied because any combined product that contains at least one drug or drug class that is not recommended is not recommended. Guidelines eliminate the entire compounded product from recommended use. Regarding Voltaren EC, it was denied because this anti-inflammatory drug is used for treatment in ankylosing spondylitis and osteoarthritis, which was not present in the patient's case. Lastly, regarding Norco, this was partially certified to allow weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST (DOS: 1/16/14) FOR FLURBIPROFEN 25%/LIDOCAINE CREAM 5% 120ML: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Topical Analgesics Page(s): 111-113.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, patient was prescribed Flurbiprofen 25%/ Lidocaine cream 5% 120 mL. Regarding Flurbiprofen component, CA MTUS supports a limited list of NSAID topicals, which does not include Flurbiprofen. Regarding Lidocaine cream component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Both Flurbiprofen and lidocaine are not supported as topical formulated drugs. Therefore, Retrospective Request (date of services: 1/16/14) for Flurbiprofen 25%/Lidocaine Cream 5% 120ml is not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 1/16/14) FOR VOLTAREN EC (DICLOFENAC SODIUM) 100MG #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, NSAIDS Page(s): 22 and 46.

**Decision rationale:** As stated on pages 22 and 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Long-term use of NSAID is not warranted. In this case, patient was given Voltaren EC, a kind of NSAID since at least 8/16/13. However, benefit from the said medication was not reported in the medical records. Therefore, Retrospective Request (date of services: 1/16/14) for Voltaren EC (Diclofenac Sodium) 100MG #30 is not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 1/16/14) FOR NORCO (HYDROCOD BIT & ACET) 10/325MG #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Opioids Page(s): 78-81.

**Decision rationale:** As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report stating the patient's usage of Norco was dated 08/16/2013. There is no documentation on the pain relief (in terms of pain scale) and functional improvement (in terms of specific activities of daily living) that the patient can perform attributed to the use of opioids. CA MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the Retrospective Request (date of services: 1/16/14) For Norco (Hydrocod twice per day & ACET) 10/325MG #120 is not medically necessary.