

<b>Case Number:</b>	CM14-0067647		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/21/2008
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 44-year-old man who sustained a work-related injury on November 21, 2008. He subsequently suffered a brain injury, which resulted in left hemiplegia. Subsequently, he developed headaches, neck, back, buttock, shoulder, leg, and knee pain. According to a progress note dated on April 16, 2014, the patient has been complaining of constant left low back pain rated 8-10/10, radiating to the left leg. He also reported left knee and shoulder pain as well as left hand pain. His physical examination demonstrated left knee pain with reduced range of motion. Manual muscle testing revealed 4/5 strength with flexion and extension due to pain. MRI of the left knee performed on April 4, 2013 showed blunting of the anterior aspect of the posterior horn of the lateral meniscus, which is consistent with a meniscal tear. Small joint effusion is noted. No evidence for ligamentous rupture. Lateral-sided femoral and proximal tibial bone islands noted. The patient's diagnosis included left knee internal derangement, left knee lateral meniscal tear, post-traumatic left sided hemiparesis, and contusion and lumbosacral sprain/strain. His treatment included physical therapy, acupuncture, chiropractic, psychological treatment, and medications (hydrocodone, cyclobenzaprine, naproxen, omeprazole, zolpidem, and tramadol). The provider requested authorization to use the Compound Topical Medication Flurbiprofen/Lidocaine Cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Topical Medication Flurbiprofen/Lidocaine Cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MTUS Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all components of the prescribed topical analgesic are effective for the treatment of Knee pain. Therefore, Flurbiprofen/Lidocaine cream is not medically necessary.