MAXIMUS Federal Services

Case Number:	CM14-0079189		
Date Assigned:	07/18/2014	Date of Injury:	01/27/2014
Decision Date:	09/15/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/29/2014

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 Family 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 worker is a 52 year old female who was injured on 1/27/2014 involving her head, face, and knees after tripping and falling. She was diagnosed with left knee sprain, lumbosacral sprain/strain, right knee contusion, and facial abrasion/contusion. She was treated with physical therapy, various topical analgesics, and oral medications (muscle relaxants, NSAIDs). On 4/16/14, the worker was seen by her treating physician for a follow-up complaining of continual back pain rated at a 6/10 and left knee pain rated at 3/10 on the pain scale. She reported doing home exercises and attending physical therapy. Physical examination revealed tenderness to left knee and paraspinal lumbar muscles. She was then recommended to continue physical therapy, start topical analgesic medications including; Flurbiprofen/Lidocaine/Amitriptyline and Gabapentin/Cyclobenzaprine/Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

FlurLido-A cream (flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180 gm: 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: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113. The Expert Reviewer's decision rationale:The MTUS Chronic Pain Guidelines state that "topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (Diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension." Also, the MTUS Guidelines for Chronic Pain state that "topical Lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical Lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, the request was for a combination topical product that included both Lidocaine and flurbiprofen." There is no evidence that the worker was experiencing any neuropathic pain (subjective or objective) based on the documents available for review. Also, there was no explanation as to why oral NSAIDs were not appropriate for this worker to justify using topical NSAIDs. Also, not having a clear need for this specific combination analgesic product, the flurbiprofen/Lidocaine/amitriptyline topical cream is not medically necessary.