

Case Number:	CM14-0087402		
Date Assigned:	07/23/2014	Date of Injury:	07/21/2008
Decision Date:	09/11/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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 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 35 year-old woman who was injured at work on 12/25/2012. The injury was primarily to her right knee. She is requesting review of denial for a compounded topical analgesic cream containing: flurbiprofen, lidocaine and ultraderm. Medical records corroborate ongoing care for her injuries. The Primary Treating Physician's Progress Reports (PR-2s) are included and indicate that her diagnosis is: "Tear, Medial Meniscus/Knee." She has been treated with arthroscopy, menisectomy, physical therapy, and analgesic medications. In the 7/24/2014 visit, the patient described significant pain in her right knee. Examination of the knee was unremarkable other than a "slight antalgic gait." She was prescribed exercises for the knee, ice at the end of the day, Norco, Naproxen, and the compounded analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluribiproen 25% Lidocane 5% Ultraderm base 30gms (Compound): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics. These medications are considered "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. The requested topical cream contains the NSAID (flurbiprofen) and the anesthetic (lidocaine). Regarding the use of topical flurbiprofen the guidelines state: Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Regarding the use of topical lidocaine the guidelines state: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case there is no evidence of neuropathic pain as a component to this patient's chronic knee symptoms. There is no evidence that the patient has failed standard oral therapy with an NSAID or evidence to support efficacy of a topical NSAID. Therefore, there is no medical justification to support the use of this compounded topical analgesic.