

Case Number:	CM14-0095165		
Date Assigned:	07/25/2014	Date of Injury:	08/01/2010
Decision Date:	08/28/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/23/2014

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 Orthopedic Surgery 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:

This is a 46-year-old gentleman who sustained a vocational injury while working as a spice mixer on 08/01/10. The clinical records provided for review document the claimant underwent right knee arthroscopy with partial medial and lateral meniscectomy and chondroplasty on 06/22/10, followed by repeat arthroscopic procedure on the same knee on 12/20/10. After being diagnosed with posttraumatic degenerative arthritis of the right knee, the claimant subsequently underwent right total knee replacement on 06/06/12. The most recent documentation notes that the claimant is ambulating without any external support and that he was approved for a weight loss program to lose 80 pounds and has lost 57 pounds. Conservative treatment was documented to include injections and medications such as Vicodin, Norco, Lortab and Lorcet. An office note dated 05/12/14 noted slight swelling around the back of the knee and a small ganglion on the left wrist related to use of a cane previously. Examination revealed motion of the knee was -3 to 110 degrees, tenderness over the medial joint line as well as the lateral subpatellar facet, the knee was warm to the touch with a small joint effusion, but not as large as prior to an injection. The claimant also had tenderness over the right hip greater trochanteric bursa region, was able to touch his toes without a pulling sensation in his low back, and straight leg raise testing negative to 90 degrees in the sitting position. The report documented diagnoses of chondromalacia of the patella, chondromalacia of the femur, displacement of lumbar intravertebral disc and displacement of a lumbar intervertebral disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Fluriflex L (Flurbiprofen 10%, Cyclobenzaprine 10%, Lidocaine 10%), qty unknown, DOS 5/12/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Topical Analgesics, page 111-113. Topical Analgesics Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety.

Decision rationale: Based on the California MTUS Chronic Pain Guidelines, the retrospective request for Fluriflex L cannot be recommended as medically necessary. Fluoro Flex L. contains Flurbiprofen, Cyclobenzaprine and lidocaine. California MTUS Chronic Pain Guidelines recommend that any product that contains at least one drug is not recommended and cannot be considered medically necessary. The medical records do not document that the claimant has any indication of neuropathic pain. According to the Chronic Pain Guidelines, neuropathic pain is the only medically reasonable diagnosis for which lidocaine topical creams should be considered as a first line therapy. In addition, the Chronic Pain Guidelines recommend that topical analgesics are considered largely experimental due to the fact that there are few randomized trials, which have established that there is efficacy and safety with topical medications. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines and given the fact that the requested combination has not been shown to be superior to traditional over-the-counter preparations or oral medications, the request cannot be considered medically necessary.