

Case Number:	CM14-0167184		
Date Assigned:	10/14/2014	Date of Injury:	01/14/1986
Decision Date:	01/07/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/10/2014

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:

This patient is a 71year old female who sustained an injury on 1/14/1986. She sustained the injury when she fell on the asphalt ground. She sustained low back injury when she bent over to pick up a sock on 4/23/14. The diagnoses include left knee arthritis, right knee arthrofibrosis-status post right total knee arthroplasty, cervical radiculopathy, lumbar radiculopathy, lumbar spondylolisthesis at L4-5, bilateral carpal tunnel syndrome and thoracic spondylosis. Per the doctor's note dated 7/22/2014, she had complaints of back pain, right knee pain and left knee pain. The physical examination revealed right knee- well healed surgical incision, slight warmth about the knee and contracture of the knee; left knee- tenderness along the medial joint line, sub patella crepitation with range of motion and pain with deep flexion; lumbar spine- ambulates with rolling walker, forward flexion 40 degrees and extension 10 degrees, lateral bending 10 degrees; bilaterally negative sitting straight leg raising test. The medications list includes Motrin and topical analgesic cream. She has had multiple diagnostic studies including cervical spine MRI on 11/16/04; EMG/NCS on 11/17/04; lumbar spine MRI on 11/16/2004; MRI left knee on 4/12/2007; MRI of the thoracic spine on 4/12/2007; CT of the cervical spine on 8/30/13; lumbar MRI dated 4/26/14 which revealed spondylotic changes and anterolisthesis at L4-5 and disc bulge at L3-4 and L5-S1. She has undergone right knee arthroscopy in 1988; left knee arthroscopy in 1987; partial right knee replacement in 1989; total right knee replacement in 1998; hysterectomy in 1990 and gall bladder removal in 2006. She has had cortisone injections for bilateral knees. She has had physical therapy visits and TENS for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPDL Lidocaine/Flurbipro/Versatile Day Supply: 30 QTY: 120 Refills: 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(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants,). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. 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). Non-neuropathic pain: Not recommended." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not recommended by MTUS for topical use as cited below because of the absence of high grade scientific evidence to support effectiveness. The medical necessity of CMPDL Lidocaine/Flurbipro/Versatile Day Supply: 30 QTY: 120 Refills is not fully established and therefore is not medically necessary.