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| <b>Case Number:</b>   | CM14-0181556 |                              |            |
| <b>Date Assigned:</b> | 12/12/2014   | <b>Date of Injury:</b>       | 04/06/1994 |
| <b>Decision Date:</b> | 01/21/2015   | <b>UR Denial Date:</b>       | 10/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/31/2014 |

### 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 Physical Medicine Rehab 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 70 year old male with date of injury 04/06/94 when he fell from a second story building injuring both knees and his lumbar spine. The treating physician report dated 07/18/14 indicates that the patient presents with pain affecting bilateral knees. The physical examination findings reveal bilateral knee 5 degree flexion contracture with flexion of 90 degrees and tenderness to the lumbar spine. Prior treatment history includes bilateral knee replacement and medication. The current diagnoses are status post bilateral total knee arthroplasties with residual postoperative pain and history of lumbar fusion. The utilization review report dated 10/06/14 denied the request for 1 prescription of topical compound LF520 (Lidocaine 5%, Flurbiprofen 20%) 120gm with 2 refills based on guidelines not being met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of topical compound LF520 (Lidocaine 5%, Flurbiprofen 20%) 120gm with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical NSAIDs; Lidocaine, topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The patient presents with pain affecting bilateral knees. The current request is for 1 prescription of topical compound LF520 (Lidocaine 5%, Flurbiprofen 20%) 120gm with 2 refills. The treating physician states that the patient has been having knee pain, even after a knee replacement and has documented neuropathic pain. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." Per MTUS guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. The request is not medically necessary.