

Case Number:	CM14-0186028		
Date Assigned:	11/13/2014	Date of Injury:	03/19/2004
Decision Date:	01/05/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/07/2014

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 Occupational Medicine, and is licensed to practice in New York, Maryland, and New Hampshire. 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 injured worker is a 60-year-old female who reported injury on 03/19/2004. The mechanism of injury was not provided. Diagnoses included grade 1 spondylolisthesis L4-5, lumbar radiculopathy, status post left shoulder arthroscopy, right knee tricompartmental arthritis with medial and lateral meniscal tears, left knee patellofemoral arthritis traumatically exacerbated secondary to favoring right knee, and internal medicine diagnosis. Past treatments included physical therapy, medications, surgery, and injections. On the clinical note dated 07/10/2014, the injured worker complained of left shoulder pain radiating to her left trapezius and bilateral knee pain exacerbated with weight bearing. Physical examination indicated tenderness in the lower lumbar paravertebral musculature, forward flexion to 45 degrees, extension to 10 degrees, lateral bending to 30 degrees, and straight leg raise test was negative bilaterally. Physical examination of the bilateral knees indicated tenderness along the medial and lateral joint lines, subpatellar crepitation with range of motion, and pain with deep flexion. Medications included lidocaine 5%/flurbiprofen 20% topical cream twice a day. The request was for lidocaine 5% flurbiprofen 20% 120 grams with 2 refills. The rationale for the request was due to the patient's inability to tolerate oral anti-inflammatory medications due to gastritis. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: flurbiprofen 20% Lidocaine 5% 120grams with 2 refills: 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): 111-112.

Decision rationale: The retrospective request for flurbiprofen 20% lidocaine 5% 120 grams with 2 refills is not medically necessary. The California MTUS Guidelines recommend topical analgesics for short term use of 4 to 12 weeks. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Nonsteroidal anti-inflammatory agents may be useful for chronic musculoskeletal pain, but there are no long term studies of the effectiveness or safety. The medical records indicate the patient is unable to tolerate oral anti-inflammatory medications due to gastritis. The medical records indicate the injured worker wishes to avoid narcotic pain medications. However, there is a lack of documentation indicating the efficacy of the medication regimen, the timeframe of efficacy, the efficacy of functional status that the medication provided, and the pain rating pre and post medication. Additionally, the request does not indicate the dosage, frequency, application site of the medication, or the date in which the request is being retrospect. As such, the request for retrospective flurbiprofen 20% lidocaine 5% 120 grams with 3 refills is not medically necessary.