

Case Number:	CM14-0200583		
Date Assigned:	12/10/2014	Date of Injury:	05/09/2007
Decision Date:	01/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 53 year old injured worker (IW) injured the left knee in a work related accident on 05/09/2007. The IW has been treated for Chondromalacia Patellae, long term use of other medications, and therapeutic drug monitoring. Treatments for the pain include a knee brace and Tramadol (an opioid pain medication used to treat moderate to moderately severe pain). The Tramadol was last certified for weaning purposes. No mention is made in the submitted physician notes of physical therapy, chiropractic care, injections, or surgeries. X-rays of the left knee were approved 11/20/2014. In the examination done 11/03/2011, the IW subjectively complained of increased pain in the left knee, left hip, and low back, and occasional swelling of the right wrist. Objectively, the left knee has restricted range of motion with limitation in flexion to 90 degrees due to pain. There was tenderness to palpation over the lateral joint line, medial joint line and patella. The left knee was stable to valgus and varus stress in extension and at 30%. Lachman test and pivot shift test were negative. There was a negative posterior drawer test and reverse pivot shift test. No joint effusion was noted, however patellar grind test was positive, patellar mobility showed 2 quadrants of translation and J-sign was positive. The treatment plan included a weight bearing x-ray of the left knee, AP, Lateral and merchant view, and Tramadol 150 mg SIG: Take 1 daily QTY 30 and Flurbiprofen 20%+Lidocaine 5% SIG: Apply to affected area twice a day. No rationale was given for the requested medication. According to the Utilization Review (UR) letter, a request for authorization (ROA) of 11/20/2014 was submitted for compound medication Flurbiprofen 20% and Lidocaine 5% Cream. The ROA does not accompany the file. All available medical documentation was reviewed, and on 11/26/2014 the UR agency physician responded with a decision to deny the request for the compound medication Flurbiprofen 20%+Lidocaine 5%. This UR decision dated 11/26/2014 non-certified the request based on CA-MTUS (California Medical Treatment

Utilization Schedule) treatment guidelines. The request was determined to be not medically necessary as requested due to a lack of a documented rationale by the treating provider as to why the IW requires topical NSAIDS (Non-steroidal Anti-inflammatory agents). There is no documentation of a diagnosis of osteoarthritis or tendonitis for this IW.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: flurbiprofen 20%, Lidocaine 5% Cream: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Flurbiprofen is not recommended by MTUS guidelines. Therefore, Flurbiprofen 20%, Lidocaine 5% is not medically necessary.