

<b>Case Number:</b>	CM15-0019744		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	05/28/2009
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old male, who reported twisting his knee while walking on an uneven dirt field on 01/29/2009. The injured worker experienced immediate pain in his right knee and was assessed with bilateral knee meniscal tear status post arthroscopy, bilateral knee moderate post-traumatic osteoarthritis, chronic cervical strain with disc herniation, and chronic lumbar strain with disc herniation status post lumbar surgery. The injured worker was treated with Xarelto, Hydrocodone, and Flexeril. He had a bone spur removed from his left leg in 1971; underwent surgery for bilateral knees in 1999; had right knee surgery in 2011; and a three level lumbar fusion on 02/10/2014. X-rays performed on 10/09/2014 showed the right knee with medial joint space narrowing; and the left knee showed lateral compartment osteophyte with 1 mm joint space and a patellofemoral osteophyte. The injured worker complained of experiencing occasional neck pain with associated numbness and tingling in the fingers, as well as weakness of the upper extremities and hands. The pain was reported to increase with turning his head from side to side, flexing and extending the head and neck region, lifting, or prolonged sitting and standing. The injured worker reported occasional headaches. The injured worker also experienced constant lower back pain with occasional foot drop in the right foot, which increased with sitting, walking, standing, forward bending, squatting, stooping, ascending or descending stairs, with the pain rated at 2 on the severity scale of 10. Additionally, the injured worker experienced frequent pain in both knees, left greater than right that increased with movement, standing, or navigating stairs. He reported giving way of the knees, necessity for use of a cane or walker for balance, with reported swelling, popping, and clicking in the knees.

Examination of the knees revealed tenderness to palpation at the medial joint line. McMurray's and patellofemoral grind test being positive. Palpation of the cervical paravertebral muscles revealed tenderness bilaterally, and tenderness at the levator scapula and trapezius muscles; with hypertonicity bilaterally. Cervical compression test was positive, and Spurling's test was positive bilaterally. Deep tendon reflexes were 2+ in the C5 nerve root bilaterally. Muscle strength was within normal limits. Deep tendon reflexes while examining the lumbar spine showed 2+ in the L4 nerve root bilaterally. The current request is for flurbi/lido cream 180 grams.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbi/Lido cream 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1. Decision based on Non-MTUS Citation Official Disability Guidelines, and the FDA.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since there is no evidence of effectiveness or safety in large randomized trials involving topical analgesics, and these analgesics are primarily recommended only after trials of antidepressants or anticonvulsants have failed, their use in this patient would not be supported. There is no documentation to indicate the patient has had a trial of antidepressants or anticonvulsants or that the patient's pain is neuropathic. Guidelines indicate topical NSAIDs to treat osteoarthritis are superior to placebo during the first 2 weeks, and specifically for the knee until 12 weeks but not afterward. Since the patient was injured on 01/29/2009 there guidelines indicate there would be no improvement in symptoms with use of this medication. Therefore, medical necessity is not supported.