

Case Number:	CM15-0019782		
Date Assigned:	02/09/2015	Date of Injury:	08/21/2013
Decision Date:	04/03/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 54 year old male who sustained an industrial injury on August 21, 2013. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar strain with radiation to the right lower extremity, right knee sprain/strain and left knee post-traumatic osteoarthritis. According to the primary treating physician's progress report on December 22, 2014 the injured worker continues to experience right knee pain medially with crepitus on passive range of motion. A moderate effusion was noted. Left knee demonstrated medial tenderness with crepitus. The injured worker received cortisone injections bilaterally during the office visit. Examination of the lumbar spine noted midline tenderness with limited flexion and extension due to pain and hypertonic paravertebral musculature. Current medications consist of Motrin, Norco and Prilosec. The injured worker is temporary total disability (TTD) and not working. The treating physician requested authorization for Flurbiprofen/Lidocaine cream 20%, 5% 180 gm. On January 13, 2015 the Utilization Review denied certification for Flurbiprofen/Lidocaine cream 20%, 5% 180 gm. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, the American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine cream 20%, 5% 180 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further detail "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS further states, "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". And lastly, MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such the request for flurbiprofen/lidocaine cream is deemed not medically necessary.