

Case Number:	CM15-0132046		
Date Assigned:	07/20/2015	Date of Injury:	11/01/2011
Decision Date:	08/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 55-year-old female, with a reported date of injury of 11/01/2011. The mechanism of injury was not specified in the medical records provided. The injured worker's symptoms at the time of the injury included right knee pain. The diagnoses include right medial meniscus tear. Treatments and evaluation to date have included oral medications and right knee arthroscopy. According to the medical report dated 03/18/2015, the diagnostic studies to date included x-rays of the knees which showed mild but finite tricompartmental degenerative changes with some squaring of the condyles and some osteophytes coming off the condyles. The progress report dated 04/14/2015 indicates that since the last visit, the injured worker reported more pain in her right knee. She has not had change in her daily activity level. It was noted that the injured worker was tolerating her knee range of motion exercises. She denied rocking or giving away of the right knee. The injured worker used non-steroidal anti-inflammatory drugs (NSAIDs) as prescribed. The objective findings include a slight antalgic gait on the right, small effusion, tender right medial joint line, discomfort on crowding medial compartment, no patella-femoral joint instability, negative McMurray's test, and decreased quadriceps and hamstring strength. The injured worker was instructed to remain off work until 08/15/2015. The treating physician requested Flurbiprofen-Lidocaine topical cream 30 grams and Flurbiprofen-Lidocaine topical cream 60 grams. It was noted that the injured worker should apply the cream to the right knee twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine topical cream 30g #1 per 05/06/2015 order: 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): 111-113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." There was no evidence of a trial of an antidepressant or anticonvulsant as first-line therapy. The compounded medication contains Flurbiprofen (a non-steroidal anti-inflammatory drug) and Lidocaine. MTUS indicates that non-steroidal anti-inflammatory drugs (NSAIDs) may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to use topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. For neuropathic pain, topical NSAIDs are not recommended as there is no evidence to support use. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. According to the guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Topical lidocaine, in the formulation of a dermal patch Lidoderm patch the only commercially approved topical formulations of lidocaine for indicated neuropathic pain. For non-neuropathic pain, lidocaine is not recommended. The requested formulation is an ointment and not the approved patch. Therefore, the request for Flurbiprofen/Lidocaine topical cream is not medically necessary.

Flurbiprofen/Lidocaine topical cream 60g #1 per 05/06/2015 order: 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): 111-113.

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