

Case Number:	CM15-0135082		
Date Assigned:	07/23/2015	Date of Injury:	05/19/2009
Decision Date:	08/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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 Jersey
 Certification(s)/Specialty: Family Practice

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 63-year-old female, who sustained an industrial injury on 5/19/2009. The mechanism of injury was not noted. The injured worker was diagnosed as having left knee meniscal tear, status post left knee arthroscopy, and left knee post-traumatic early osteoarthritis. Treatment to date has included left knee arthroscopic surgery and viscosupplementation. Currently, the injured worker complains of left knee pain, rated 2/10 and frequent. Pain was made better with rest and worse with change in weather and activities. Exam of the knee noted medial tenderness and crepitus on passive range of motion. Range of motion was 0-120 degrees and she had moderate effusion. She was administered Synvisc injection to the left knee. Her work status was full duty. Current medication regimen, if any, was not documented. The treatment plan included topical compound medication (Flurbiprofen-Baclofen-Lidocaine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine cream 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pp. 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Guidelines also state that lidocaine is not to be used unless there is neuropathic pain and first-line therapies have been tried and failed. The MTUS also states specifically that any topical muscle relaxant such as baclofen is not recommended due to lack of supportive data for use in treating chronic pain. In the case of this worker, the topical combination analgesic, Flurbiprofen/Baclofen/Lidocaine was recommended. However, the inclusion of baclofen, a non-recommended topical medication, dictates that this entire combination product should be regarded as non-recommended and will be considered medically unnecessary as such.