MAXIMUS Federal Services

Case Number:	CM15-0137261		
Date Assigned:	07/27/2015	Date of Injury:	10/12/2013
Decision Date:	08/28/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/15/2015

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, Hawaii
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 40 year old male who sustained an industrial injury on 10/12/2013. Mechanism of injury occurred when he was getting up from a squatting position. Diagnoses include left knee status post-surgery with mild early degenerative arthritis, mild right knee symptomatic tendonitis and mild lumbar strain. Treatment to date has included diagnostic studies, medications, left knee surgery on 12/26/2013, injections, and physical therapy. He is working with no restrictions. He is taking Ibuprofen, which is not working. A physician progress note dated 05/04/2015 documents the injured worker complains of left knee pain which he rates as 8-9 out of 10 on the Visual Analog Scale with weight bearing. He has pain in the lumbar spine, which he rates as 6-7 out of 10, and the right knee which he rates as a 4-6 out of 10. The lumbar spine range of motion is forward flexion 40 degrees, extension is 30 degrees and tilt to the right and left is 30 degrees. He walks with a normal gait. There is left knee joint line tenderness. There is full extension and flexion is 130 degrees. With this visit the injured worker received an intra-articular injection of 6 cc Lidocaine and 2cc of Kenalog into the left knee, which was tolerated well with no adverse reaction. The treatment plan is to continue with conservative therapy, transdermal creams, and a follow up visit in 6 weeks. Treatment requested is for Flurbiprofen/Lidocaine in Lipoderm Base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine in Lipoderm Base: 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 patient presents with pain affecting the low back and bilateral knees. The current request is for Flurbiprofen/Lidocaine in Lipoderm Base. The treating physician report dated 5/4/15 (27B) states, "The patient is prescribed transdermal creams in (the) form of Flurbiprofen/Lidocaine in Lipoderm base (25%/5%) 30 gm Sig: Apply a thin layer to the affected area 3 times a day if needed, for pain relief." Regarding compounded topical analgesics, MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines states the following regarding topical lidocaine, "in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." In this case, the MTUS guidelines do not recommend the use of Lidoderm in a cream formulation, as outlined on page 112. Furthermore, since Lidoderm is not recommended, the entire compounded product is not supported. Additionally, the current request does not specify a quantity of Flurbiprofen/Lidocaine to be prescribed to the patient and the MTUS guidelines do not support an open-ended request. The current request is not medically necessary.