

Case Number:	CM15-0140447		
Date Assigned:	07/30/2015	Date of Injury:	01/14/2013
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic knee and wrist pain reportedly associated with an industrial injury of January 14, 2013. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve requests for meloxicam and a flurbiprofen-lidocaine containing cream. A July 2, 2015 RFA form and an associated progress note of June 22, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On June 22, 2015, the applicant reported ongoing complaints of wrist and knee pain, 1-4/10. The applicant was on Mobic for pain relief, it was reported. The attending provider stated that Mobic was attenuating the applicant's pain complaints. The attending provider then stated that Mobic was allowing the applicant to walk better. This was not quantified, however. The attending provider then stated, in another section of the note, that activities were worsening the applicant's pain complaints. The applicant had undergone earlier failed knee surgery, it was reported. A topical compounded cream, Norco, Mobic, and/or Ambien were renewed and/or continued while the applicant was placed off of work, on total temporary disability. The applicant was asked to continue aquatic therapy as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/ Lidocaine 5% cream, 180 gm: 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; Pain Mechanisms Page(s): 111-112; 3.

Decision rationale: No, the request for a flurbiprofen-lidocaine containing topical compound was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine, the secondary ingredient in the compound, is recommended in applicants with localized peripheral pain or neuropathic pain in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, there was no mention of the applicant's having tried and/or failed antidepressants adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the flurbiprofen-lidocaine containing topical compounded cream. It is further noted that the applicant's presentation was not, in fact, suggestive or evocative of neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines is characterized by numbing, tingling, lancinating, electric shock-like, and/or burning sensations. Here, however, the applicant presented on June 22, 2015 reporting mechanical complaints of knee pain status post knee arthroscopy and knee loose body removal. The applicant did not, in short, appear to have neuropathic pain for which the topical lidocaine component of the amalgam could have been considered. Since the topical lidocaine component of the amalgam is not recommended, the entire amalgam is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Meloxicam 7.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Meloxicam (Mobic) Page(s): 7; 66.

Decision rationale: Similarly, the request for meloxicam (Mobic), an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 61 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that meloxicam (Mobic) is indicated for the relief of signs and symptoms of osteoarthritis, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, while the attending provider recounted a low-grade reduction in pain scores reportedly achieved as a result of ongoing meloxicam usage, these reports were, however, outweighed by the applicant's failure to return to work, the attending provider's failure to outline meaningful, material, and/or substantive

improvements in function effected as a result of ongoing meloxicam usage, and the failure of meloxicam to curtail the applicant's dependence on opioid agents such as Norco, per a progress note of June 22, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of meloxicam. Therefore, the request was not medically necessary.