

Case Number:	CM15-0140862		
Date Assigned:	07/30/2015	Date of Injury:	04/28/2003
Decision Date:	08/27/2015	UR Denial Date:	07/09/2015
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: California

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 62 year old male who sustained an industrial injury on 4-28-2003. He reports a cumulative trauma to his bilateral upper extremities. He reported injury to the right hand, thumb, neck, and back and has been diagnosed with chondromalacia patellae, pain in joint right knee, status post total knee arthroplasty, status post left shoulder surgery, cervicalgia, rule out radiculopathy, L3-5 laminectomy, C7 radiculitis, gait derangement, neurogenic claudication, and sciatica. Treatment has included surgery, aqua therapy, medications, medical imaging, and physical therapy. There was a well-healed surgical scar on the right knee and lumbosacral area. Left hand sensation was decreased over the ulnar distribution with diminished pin prick 1 half as well as right leg and foot. There was numbness in the right knee i.e. L3 area. There was decreased range of motion to the neck and back. There was no spinous tenderness. Spurling's was equivocal. There was poor tolerance to straight leg raise maneuver beyond 36 degrees. The treatment plan included ENT consult, cervical procedure, gym membership, and a dietary consult. The treatment request included topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen 20% Lidocaine 5% 4gm topical bid tid prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.fda.gov/ForConsumer/ConsumersUpdates/ucm049367.htm>.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and Lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of Lidocaine for this chronic 2003 injury without improved functional outcomes attributable to their use. The Flurbiprofen 20% Lidocaine 5% 4gm topical bid tid prn is not medically necessary and appropriate.