

Case Number:	CM15-0161499		
Date Assigned:	08/28/2015	Date of Injury:	03/06/2011
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/18/2015

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 54 year old female who sustained an industrial injury on 03-06-2011 resulting in injury to the left knee and hip. Treatment provided to date has included: non-industrial total left hip replacement (2008); total left knee replacement (date unknown) with revision (2001), non-industrial right knee replacement (2007), physical therapy, medications, and conservative therapies/care. Recent diagnostic testing has include: x-rays of the bilateral knees (2015) showing bilateral total knee arthroplasties in near anatomic alignment and no definitive evidence for hardware loosening, and small right knee joint effusion; x-rays of the bilateral hips (2015) showing left total hip arthroplasty in near anatomic alignment with no evidence of hardware loosening, and unremarkable findings of the right hip. Comorbidities included high blood pressure, Rheumatoid arthritis, and hypothyroidism. There were no noted comorbidities or other dates of injury noted. On 06-29-2015, physician progress report (PR) noted complaints of bilateral knee and left hip pain. The left knee pain was rated 7 out of 10 in severity, the right knee was rated as 3-4 out of 10 in severity, and the left hip was rated 7 out of 10 in severity. All pain was described as constant with worsening pain in the left hip. Current medications include Norco which was reported to decrease pain from 9 out of 10 to 4 or 5 out of 10 resulting in increased ability to walk for longer periods of time. The physical exam revealed midline tenderness in the lumbar spine, restricted range of motion (ROM) in the lumbar spine secondary to pain, painful internal and external rotation of the left hip, crepitus with passive ROM in both knees, bilateral instability to varus and valgus stress test, and near full ROM in both knees. The provider noted diagnoses of left hip total replacement with pain, right hip pain

secondary to compensatory factors, right knee pain secondary to compensatory factors, and catastrophic failure of the left total knee replacement. Plan of care includes continued pain management medications, continuation of Kera-Tek gel and a topical compound of flurbiprofen, Baclofen and Lidocaine in an attempt to decrease or wean from Norco, and follow-up in 4 weeks. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes a topical analgesic cream consisting of 20% flurbiprofen, 5% Baclofen and 4% Lidocaine 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 7/8/15 progress report provided by the treating physician, this patient presents with persistent bilateral knee pain, left knee rated 5-6/10 and right knee rated 3-4/10, and left hip pain that is worsening and rated 7/10. The treater has asked for Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180GM on 7/8/15. The patient's diagnoses per request for authorization dated 7/13/15 are catastrophic failure of left total knee replacement, left total hip replacement with pain, right knee pain secondary to compensatory factors, right hip pain secondary to compensatory factors. The patient denies right hip pain per 7/8/15 report. The patient states the pain improves with medication and rest, and states that Norco takes her pain down from 9 to 4 or 5, and allows her to ambulate for 20 minutes instead of 10 per 7/8/15 report. The patient is s/p a soft boot on the right foot due to injury per 11/10/14 report. The patient is currently not working as of 7/8/15 report. MTUS has the following regarding topical creams, Chronic Pain Section, p 111: "Topical Analgesics: Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater does not specifically discuss this medication. It is not known when this medication was initiated, nor whether this is the initial trial. Review of reports do not show prior usage of this particular topical cream, although patient has been prescribed Kera-tek and Bio-therm in prior reports. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound

contains Baclofen, which is not supported for topical use, and also Lidocaine, which is only supported by MTUS in a patch form. Therefore, the request IS NOT medically necessary.