

Case Number:	CM15-0163763		
Date Assigned:	09/01/2015	Date of Injury:	07/25/2012
Decision Date:	10/19/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/20/2015

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 50 year old, male who sustained a work related injury on 7-25-12. The diagnoses have included lumbar disc herniation, flap tear of the meniscal body and posterior horn body junction, left lower extremity radicular pain, mild chondromalacia patella and mild prepatellar bursitis. Treatments have included oral medications and medicated topical cream. In the PR-2 dated 7-1-15, the injured worker reports persistent lower back pain which he rates a 6 out of 10. He reports persistent right knee pain and rates this pain a 6 out of 10. The pain is made better with rest and made worse with weather and activities. He states he takes Naproxen which helps his pain and brings level down from 6 out of 10 to a 3 out of 10. On physical exam, he has tenderness to the lumbar paraspinals. He has decreased range of motion in lumbar spine. He has a positive straight leg raise with the left leg. He has decreased strength and sensation at 4 out 5 on the left at L4 and L5. He has decreased range of motion in right knee. He has tenderness to the medial and lateral right knee joint lines. He has a positive McMurray's sign with the right knee. He has decreased right quadriceps strength at 4 out of 5. He is currently working modified duty. The treatment plan includes requests for authorization of a right knee sleeve, a refill of Naproxen and for medicated topical cream.

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: The patient presents with persistent pain in the lower back and right knee pain rated 6/10. The request is for Flurbiprofen/Baclofen/Lidocaine Cream (20%/5%/4%) 180gm. The request for authorization is dated 07/15/15. MRI of the right knee, 06/17/15, shows flap tear of the medial meniscal body and posterior horn body junction yielding a tiny fragment partially extending to the coronary recess suggesting an unstable tear; mild chondromalacia patella; mild prepatellar bursitis; no acute osseous abnormality. Physical examination of the lumbar spine revealed decreased range of motion. There was tenderness to the paraspinals. There was positive sitting straight leg raise on the left. There was also decreased strength and sensation at 4/5 on the left at L4 and L5. Exam of right knee revealed decreased range of motion. There was tenderness to the medial and lateral joint lines. There was positive McMurray's. There was decreased quadriceps strength at 4/5. Per progress report dated 08/06/15, the patient is returned to modified work. MTUS, Topical Analgesics section, page 111 has the following: 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "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." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. 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." Per progress report dated 07/01/15, treater's reason for the request is "in attempt to help control his pain further so he does not have the need to take any stronger narcotics." Patient has been prescribed compounded topical cream since 02/09/15. In this case, the Flurbiprofen component of this topical would appear to be indicated for the patient's knee, however treater has not discussed where this medication is applied and with what efficacy. Furthermore, the requested topical compound contains Baclofen and Lidocaine, which are not supported for topical use in lotion form. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Right knee sleeve: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under Knee Brace.

Decision rationale: The patient presents with persistent pain in the lower back and right knee pain rated 6/10. The request is for right knee sleeve. The request for authorization is dated 07/15/15. MRI of the right knee, 06/17/15, shows flap tear of the medial meniscal body and posterior horn body junction yielding a tiny fragment partially extending to the coronary recess suggesting an unstable tear; mild chondromalacia patella; mild prepatellar bursitis; no acute osseous abnormality. Physical examination of the lumbar spine revealed decreased range of motion. There was tenderness to the paraspinals. There was positive sitting straight leg raise on the left. There was also decreased strength and sensation at 4/5 on the left at L4 and L5. Exam of right knee revealed decreased range of motion. There was tenderness to the medial and lateral joint lines. There was positive McMurray's. There was decreased quadriceps strength at 4/5. Per progress report dated 08/06/15, the patient is returned to modified work. ODG, Knee and Leg Chapter under Knee Brace does recommend knee brace for the following conditions: "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." Per progress report dated 07/01/15, treater's reason for the request is "for stability." In this case, the patient continues with right knee pain and instability. MRI of the right knee, 06/17/15, shows flap tear of the medial meniscal body and posterior horn body junction yielding a tiny fragment partially extending to the coronary recess suggesting an unstable tear; mild chondromalacia patella; mild prepatellar bursitis; no acute osseous abnormality. This request appears reasonable since ODG guidelines recommend Knee Sleeve for knee instability. There is no indication a knee sleeve has been previously dispensed. Therefore, the request is medically necessary.