

Case Number:	CM15-0168016		
Date Assigned:	09/08/2015	Date of Injury:	12/16/2008
Decision Date:	10/07/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/26/2015

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 69-year-old male, who sustained an industrial injury on December 16, 2008. He reported left knee and left lower leg pain. The injured worker was diagnosed as having a fractured left tibia-fibula. Treatment to date has included x-ray, surgery, medication, long leg brace, crutches, physical therapy, electrodiagnostic studies (left lower extremity) and left knee injections. Currently, the injured worker complains of frequent left knee pain that is rated at 7 on 10 and radiates down the back of his left lower leg accompanied by numbness and sharp occasional stabbing pain. He report left ankle and foot pain that is constant and rated at 6 on 10. The injured worker is currently diagnosed with left proximal tibial fracture, post-traumatic osteoarthritis of the left knee lateral compartment and left leg-foot drop. His work status is modified duty. A progress note dated July 21, 2015 states the injured worker experiences pain relief from rest and medication. The note also states the injured workers pain is reduced from 8 on 10 to 4 on 10 from Tramadol, which allow him to ambulate and continue to work. The medication, Flurbiprofen 20%, Baclofen 5%, Lidocaine 5% 180 grams is requested to alleviate site specific pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Lidocaine 5% 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 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 diffuse spine and joint pain 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, Lidocaine and anti-epileptic 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 and anti-seizure medications for this chronic 2008 injury without improved functional outcomes attributable to their use. The Flurbiprofen 20%, Baclofen 5%, Lidocaine 5% 180 grams is not medically necessary and appropriate.