

Case Number:	CM15-0182227		
Date Assigned:	09/23/2015	Date of Injury:	11/28/2012
Decision Date:	10/28/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 59 year old female, who sustained an industrial injury on 11-28-2012. The injured worker is currently retired. Medical records indicated that the injured worker is undergoing treatment for tear to medial meniscus. Treatment and diagnostics to date has included home exercise program and medications. Current medications include Tylenol #3, Valium, and Flurbiprofen-Lidocaine cream (to the left knee and lumbar spine twice daily). In a progress note dated 07-23-2015, the injured worker reported numbness and tingling in the left lower extremity, lateral calf, and left toes. Objective findings included tender lumbar spine at L4- 5-S1. The request for authorization dated 08-17-2015 requested Flurbiprofen-Lidocaine cream (3 day supply and 30 day supply), Acetaminophen-Codeine 30-300mg #60, and Diazepam 10mg #60. The Utilization Review with a decision date of 09-14-2015 denied the request for Flurbiprofen 25% 7.5grams, Lidocaine 5% 1.5grams, Ultraderm base 21grams, Flurbiprofen 25% 15grams, Lidocaine 5% 13grams, Ultraderm base 42grams, and Diazepam 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% 7.5 grams, Lidocaine 5% 1.5 grams, Ultraderm Base 21 grams Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 25%, 7.5 g; lidocaine 5%, 1.5 g; ultraderm base 21 g #1 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnosis is tear medial meniscus knee. Date of injury is November 28, 2012. Request for authorization is August 17, 2015. According to documentation from February 2015, Valium weaning was recommended. The documentation indicates topical compounds were prescribed. Topical compounds were continued March 19, 2015 and in progress note documentation May 28, 2015. There is no clinical rationale for ongoing Valium. According to a July 23, 2015 progress note, Valium 10 mg appears in the current list of medications. There is no documentation demonstrating objective functional improvement and there is no clinical indication or rationale. Flurbiprofen is not FDA approved for topical use. Lidocaine and non- Lidoderm form is not recommended. Any compounded product that contains at least one drug (Flurbiprofen and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, Flurbiprofen 25%, 7.5 g; lidocaine 5%, 1.5 g; ultraderm base 21 g #1 is not recommended. There is no documentation demonstrating objective functional improvement to support ongoing topical analgesics. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 25%, 7.5 g; lidocaine 5%, 1.5 g; ultraderm base 21 g #1 is not medically necessary.

Flurbiprofen 25% 15 grams, Lidocaine 5% 13 grams, Ultraderm base 42 grams Qty:

1.00:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 25%, 15 g; lidocaine 5%, 13 g; and ultraderm base 42 g #1 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended

is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnosis is tear medial meniscus knee. Date of injury is November 28, 2012. Request for authorization is August 17, 2015. According to documentation from February 2015, Valium weaning was recommended. The documentation indicates topical compounds were prescribed. Topical compounds were continued March 19, 2015 and in progress note documentation May 28, 2015. There is no clinical rationale for ongoing Valium. According to a July 23, 2015 progress note, Valium 10 mg appears in the current list of medications. There is no documentation demonstrating objective functional improvement and there is no clinical indication or rationale. Flurbiprofen is not FDA approved for topical use. Lidocaine and non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Flurbiprofen and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, Flurbiprofen 25%, 15 g; lidocaine 5%, 13 g; and ultraderm base 42 g #1 is not recommended. There is no documentation demonstrating objective functional improvement to support ongoing topical analgesics. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 25%, 15 g; lidocaine 5%, 13 g; and ultraderm base 42 g #1 is not medically necessary.

Diazepam 10 mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, diazepam 10 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnosis is tear medial meniscus knee. Date of injury is November 28, 2012. Request for authorization is August 17, 2015. According to documentation from February 2015, Valium weaning was recommended. The documentation indicates topical compounds were prescribed. Topical compounds were continued March 19, 2015 and in progress note documentation May 28, 2015. There is no clinical rationale for ongoing Valium. According to a July 23, 2015 progress note, Valium 10 mg appears in the current list of medications. There is no documentation demonstrating objective functional improvement and there is no clinical indication or rationale for ongoing Valium. Additionally, diazepam was prescribed in excess, at a minimum, of four months. Diazepam is not recommended for long-term use (longer than two weeks). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and treatment continued in excess of the recommended guidelines (longer than two weeks), diazepam 10 mg #60 is not medically necessary.