

Case Number:	CM15-0198873		
Date Assigned:	10/14/2015	Date of Injury:	12/23/1999
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 60-year-old male, who sustained an industrial injury on 12-23-1999. He has reported subsequent bilateral knee pain and was diagnosed with bilateral knee osteoarthritis, status post right total knee replacement with residuals and right knee extension contracture. Treatment to date has included pain oral, pain medication, and Cortisone injections, which were noted to have failed to significantly relieve the pain. In a progress note dated 03-23-2015, the physician noted that the injured worker was utilizing topical medications that were providing good benefit and that a request for topical Flurbiprofen-Lidocaine cream was being made as an adjunct. That request was non-certified as per a 04-08-2015 utilization review and the subsequent progress notes do not show this as an active medication. In a progress note dated 04-23-2015, the physician noted that the injured worker continued with chronic bilateral knee pain and was intolerant to other treatment including medications. Kera-tek gel was requested. Kera-tek gel was non-certified on 05-27-2015 and 08-17-2015. In a 06-03-2015 progress note that injured worker, reported persistent pain in the bilateral knees that was rated as 7-8 out of 10 and that the left knee was not locking with increased pain. Tramadol and Naprosyn were noted to provide good pain relief. In a progress note dated 09-14-2015, the injured worker reported bilateral knee pain that was rated as 8 out of 10 and had remained the same since the prior visit. The injured worker reported that Tramadol and Naprosyn were not helping. Objective examination findings revealed tenderness to palpation of the right knee with swelling, strength of 4 out of 5, tenderness to palpation of the left knee, 2+ crepitation with range of motion of the left knee, positive patellofemoral grind and an antalgic gait. Work status was documented as modified. A Supartz

injection was administered to the left knee and a request for Flurbiprofen-Baclofen-Lidocaine-Menthol cream for pain and urine toxicology screen as part of pain treatment agreement during opioid therapy. A request for authorization of Flurbiprofen-Baclofen-Lidocaine-Menthol cream (20%-5%-4%-4%) 180 gm and urine toxicology screen was submitted. As per the 09-30-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Muscle relaxants in topical formulation are explicitly not approved in the CA MTUS. Menthol is not recommended as a topical agent. As such, the request for flurbiprofen/baclofen/lidocaine/menthol is not medically necessary and the original UR decision is not medically necessary.

Urine Toxicology Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug screening.

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. CA MTUS do not mandate an exact frequency of urine drug testing with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, there was an inconsistent drug screen from July of 2015 (negative for prescribed tramadol and positive for morphine, which was not prescribed). Because of this documented aberrant result, urine drug screen is medically necessary in this case.

