

Case Number:	CM15-0209016		
Date Assigned:	10/28/2015	Date of Injury:	08/29/2014
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/23/2015

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

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 62 year old female who sustained an industrial injury on 8-29-2014. A review of medical records indicates the injured worker is being treated for status post left knee surgery with residual osteoarthritis and left lateral hip strain secondary to altered gait. Medical records dated 7-30-2015 noted pain to bilateral hips rated 9 out of 10 at worst and 7 out of 10 at best. Left knee pain was rated a 9 out of 10 at worst and a 6 out of 10 at best. Right leg pain was rated a 7-8 out of 10 at worst and a 4 out of 10 at best. Help comes in to help her with housekeeping and cooking. She has difficulty showering and dressing. Physical examination noted tenderness to palpation over the hips. Range of motion was restricted to bilateral hips. There was healed surgery to the left knee. There was swelling to the left. There was medial and lateral joint line tenderness. Treatment has included Naproxen and Flurbiprofen cream since at least 7-30-2015. Utilization review form dated 9-25-2015 noncertified Flurbi-Lido cream with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi/Lido Cream, two times a day with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009,

Section(s): Topical Analgesics. Decision based on Non-MTUS Citation, http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-0400/ab_378_bill_20110908_amended_sen_v94.html and on the Non-MTUS Official Disability Guidelines (ODG), Pain, FDA-approved agents.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.