

<b>Case Number:</b>	CM15-0023635		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	07/28/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: 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 61-year-old male who reported an injury on 07/28/2013. The mechanism of injury was not stated. The current diagnosis is right knee medial meniscus tear. The injured worker presented on 12/18/2014 for a follow-up evaluation with complaints of persistent right knee pain. The injured worker reported an improvement in symptoms with rest and prescription creams. It was also noted that the injured worker was participating in a home exercise program. Upon examination, there was mild medial joint line tenderness with 0 to 130 degrees range of motion. Recommendations included authorization for a 30 day trial of a TENS unit as well as continuation of Keratek analgesic gel. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi/Lido 20/5% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Lidocaine is not recommended in the formulation of a cream, lotion, or gel. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.