MAXIMUS Federal Services

Case Number:	CM15-0029877		
Date Assigned:	02/24/2015	Date of Injury:	07/25/2007
Decision Date:	04/07/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/18/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 56-year-old male, who sustained an industrial injury on 7/25/07. He has reported knee and ankle injury. The diagnoses have included left ankle sprain, left knee sprain, depression, weight gain, insomnia, sexual insufficiency, right knee sprain, left inguinal strain and history of a fall. Treatment to date has included arthroscopic surgery, cane for ambulation, pain medications, physical therapy and home exercise program. Currently, the injured worker complains of left knee and ankle pain with right knee stiffness and low back pain. Progress note dated 1/16/15 revealed full range of motion of knee with medial joint line tenderness and slight swelling, tenderness of left ankle on medial and lateral malleoli and tenderness over the inguinal femoral area of hip and iliac crest.On 1/17/15 Utilization Review non-certified Fioro-Lidocream 20% Flurbiprofen 5% lidocaine in Lipoderm base #120gm, noting the guidelines stated lidocaine is not recommended as a topical application. The MTUS, ACOEM Guidelines, was cited. On 2/13/15, the injured worker submitted an application for IMR for review of Fioro-Lidocream 20% Flurbiprofen 5% lidocaine in Lipoderm base #120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Floro-Lidocream 20% Flurbiprofen 5% Lidocaine in Lipoderm Base #120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain syndrome. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the request for Floro-Lidocream 20% Flurbiprofen 5% Lidocaine in Lipoderm Base #120gm is not medically necessary.