

Case Number:	CM15-0212199		
Date Assigned:	11/02/2015	Date of Injury:	08/13/2014
Decision Date:	12/11/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/28/2015

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 York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 38-year-old male who sustained an industrial injury on 8-13-2014 and has been treated for right knee chondromalacia with small joint effusion, and has a diagnosis of possible right Achilles tendon tear. On 9-10-2015, the injured worker reported persistent intermittent right knee pain rated at 2 out of 10, and stated to be improving. Pain is worsened with activity and weather changes. Objective findings include right calf tenderness with swelling. The right knee showed decreased range of motion, tenderness to the medial joint line, and "slight decrease" to quadriceps strength. Documented treatment includes physical therapy, and a TENS unit has been authorized. The injured worker is noted to have been using an oral NSAID for pain, but had developed gastritis in the past from prolonged use and the treating physician would like to provide him with a topical NSAID "to increase function and decrease pain." A request for authorization was submitted 9-23-2015 for Fluriprofen-Baclofen-Lidocaine-Menthol cream, but this was denied on 9-30-2015. The injured worker is currently working his regular job.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of goals for efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Flurbiprofen/Baclofen/Lidocaine/Menthol cream in this injured worker, the records do not provide clinical evidence to support medical necessity. The request is not medically necessary.