MAXIMUS Federal Services

Case Number:	CM15-0033924		
Date Assigned:	02/27/2015	Date of Injury:	03/04/2011
Decision Date:	04/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 40 year old female who sustained a work related injury on March 4, 2011, after lifting and bending while employed. She was diagnosed with left knee osteoarthritis, left knee meniscal tear, cervical, lumbar and left shoulder injuries. She underwent a left knee arthroscope. Treatment included aquatic therapy, physical therapy, chiropractic sessions and pain medications. Currently, the injured worker complained of persistent pain in the left knee, right elbow, wrists, foot pain, neck pain, left shoulder pain and low back. On February 4, 2015, a request for one prescription of Flurbiprofen/Lidocaine cream 20%/5%, 180 gm, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine cream (20%/5%), 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The patient presents with neck pain rated 5/10, left hand pain rated 6/10, and left knee pain rated 6-7/10. The patient's date of injury is 03/04/14. Patient is status post left arthroscopic knee surgery, though the date and procedure were not specified. The request is for FLURBIPROFEN/LIDOCAINE CREAM (20%/5%), 180 GM. The RFA was not provided. Physical examination dated 01/22/15 reveals tenderness to palpation of the cervical paraspinal muscles and reduced range of motion in all planes. Left hand examination reveals reduced grip strength and tenderness to the interosseus spaces diffusely. Left knee examination reveals tenderness to the lateral joint line, reduced range of motion on flexion/extension, and positive patellofemoral grind test. The patient is currently prescribed Motrin and Norco. Diagnostic imaging was not included. Patient is not currently working. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In regards to the request for a compounded cream containing Flurbiprofen and Lidocaine, the requested cream contains ingredients which are not supported by guidelines as topical agents in this form. Lidocaine is only approved in patch form. Guidelines specify that any cream which contains an unsupported ingredient is not indicated. Furthermore, topical NSAIDs are only supported for peripheral use; the treater does not specify where this cream is to be applied. Therefore, the request IS NOT medically necessary.