MAXIMUS Federal Services

Case Number:	CM15-0041224		
Date Assigned:	03/11/2015	Date of Injury:	02/17/2000
Decision Date:	05/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/04/2015

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 was a 63 year old male, who sustained an industrial injury, February 17, 2000. The injured worker previously received the following treatments physical therapy 14 visits, Oxycontin, bilateral S1 joint injection, pain management consultation, Percocet, Ambien, Soma, Xanax and Norco, fusion of L5-S1 2006 with subsequent broken hardware, ice and exercise. The injured worker was diagnosed with right knee pain, chondromalacia grade 2 of the right knee, tear medial meniscus of the right knee strain/partial tear anterior cruciate and pathological fracture of the vertebra and laxity of ligament, bilateral sacroiliac joint dysfunction, arthrodesis at L5-S1 and degenerative disc disease. According to progress note of January 20, 2015, the injured workers chief complaint was right knee pain. The physical exam noted tenderness on the right knee joint at the medical line. There was moderate discomfort the patellafemoral joint, but no instability. The range of motion was 5- 120 degrees of the right knee. The quadriceps and hamstring strength was 3 out of 4 at the right knee. The treatment plan included a prescription for Flurbiprofen with Lidocaine with 3 refills for right knee pain; date of service January 20, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen with Lidocaine with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS and Topical Analgesics.

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 Flurbiprofen with Lidocaine cream, 3 refills is not medically necessary.