MAXIMUS Federal Services

Case Number:	CM15-0048507		
Date Assigned:	03/20/2015	Date of Injury:	07/17/2010
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/13/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female, who sustained a work/ industrial injury on 7/17/10. She has reported initial symptoms of knee pain. The injured worker was diagnosed as having bilateral knee pain, s/p right knee arthroscopy with microfracture of trochlear groove. Treatments include medication, surgery (right knee arthroplasty 11/18/10 and further arthroscopy due to microfracture in the trochlear groove (2014), and physical therapy. Currently, the injured worker complains of continued pain in the right knee with locking with pain with walking. The treating physician's report (PR-2) from 2/18/15 indicated there was positive effusion, patella-femoral grind, and patella-femoral crepitus. Medications included topical creams, Mobic, Norco, and Advil. Treatment plan included transdermal cream: FlurLido-A cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

FlurLido-A cream (fluribiprofen 20% Lidocaine 5%/Amitriptyline 5%) #240gm: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 7/17/10. The medical records provided indicate the diagnosis of having bilateral knee pain, s/p right knee arthroscopy with microfracture of trochlear groove. Treatments include medication, surgery (right knee arthroplasty 11/18/10 and further arthroscopy due to microfracture in the trochlear groove (2014), and physical therapy. The medical records provided for review do not indicate a medical necessity for FlurLido-A cream (fluribiprofen 20% Lidocaine 5%/Amitriptyline 5%) #240gm. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. None of the constituents is recommended. The request is not medically necessary.