

<b>Case Number:</b>	CM15-0055683		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/09/2007
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 54-year-old male injured worker suffered an industrial injury on 05/09/2007. The diagnoses included tear of cartilage or meniscus of the knee. The diagnostics included left knee and patellar x-rays and left knee magnetic resonance imaging. The injured worker had been treated with physical therapy and medications. The treatment plan included Left knee viscosupplementation and Flurbiprofen 20%, Lidocaine 5%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee viscosupplementation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for knee and leg, hyaluronic acid supplementations.

**Decision rationale:** California MTUS Guidelines do not address requests for viscosupplementation with hyaluronic acid. Likewise, the ODG criteria were referenced. The ODG notes that this can be an option in patients with severe Osteoarthritis. This patient is noted to have a diagnosis of bilateral chondromalacia of the patella, tear of meniscus, internal derangement of the knee not otherwise specified. She had a 2013 viscosupplementation procedure on her knee. The result unfortunately is not noted in the records. The provided records do not establish that this patient has a diagnosis of severe osteoarthritis of her left knee. Likewise, this request is not considered medically necessary.

**Flurbiprofen 20%, Lidocaine 5%, cream 30 gms:** Upheld

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

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

**Decision rationale:** In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Flurbiprofen (an NSAID.) MTUS guidelines specifically state regarding "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Likewise, the requested medication is not medically necessary.