

Case Number:	CM15-0056363		
Date Assigned:	04/01/2015	Date of Injury:	03/11/2013
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	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: Texas, California
 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:

This is a 60-year-old male patient, who sustained an industrial injury on 3/11/2013. Diagnoses include right knee complex tear of the medial meniscus and right knee posttraumatic osteoarthritis in the medial compartment. He sustained the injury due to his right knee struck to a metal piece of a desk. Per the Primary Treating Physician's Progress Report dated 2/10/2015, he had complaints of persistent pain in the right knee rated as 7/10. The pain is slightly worsening in the past 2 weeks. He did have a PRP injection 3 months ago. He states that it gave him relief. It lasted until 2 weeks ago. Physical examination of the right knee revealed decreased range of motion with positive patellofemoral sign, audible crepitus on active and passive range of motion, palpable tenderness over the medial joint surface. The medications list includes topical analgesic cream. He has undergone right knee arthroscopy on 9/30/2013. He has had right knee MRI on 6/3/2013. He has had physical therapy, injections, work modification and home exercise for this injury. Flurbiprofen/Lidocaine cream and aquatic therapy were recommended and authorization was requested.

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%) 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Non-steroidal anti-inflammatory agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113, Flurbiprofen is a NSAID.

Decision rationale: The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants). (Argoff, 2006) 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. Topical NSAIDs. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not recommended by MTUS for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Flurbiprofen/Lidocaine cream (20%/5%) 180mg is not fully established for this patient.

Aquatic Therapy 2 x per week x 6 weeks right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Per MTUS guidelines, aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. Lack of response to previous land based physical therapy is not specified in the records provided. The medical necessity of Aquatic Therapy 2 x per week x 6 weeks right knee is not fully established for this patient.