

Case Number:	CM15-0074984		
Date Assigned:	04/24/2015	Date of Injury:	08/13/2014
Decision Date:	08/07/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/20/2015

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, Alabama, 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 37 year old female, who sustained an industrial injury, August 13, 2014. The injured worker previously received the following treatments physical therapy, Motrin, Nabumetone and Cyclobenzaprine. The injured worker was diagnosed with exacerbation of preexisting right medial gastrocnemius tear and rule out new Achilles tear, chondromalacia right knee patellofemoral joint and right knee sprain/strain. According to progress note of March 19/2015, the injured worker's chief complaint was right knee and right foot pain. The injured worker rated the pain at 4 out of 10 in the right knee. The right knee pain radiated into the right foot. The injured worker took Motrin 800mg two tablets a day and reported improvement in the pain from 6 out of 10 to 4 out of 10. The pain was made better with pain mediation and rest. The pain was made worse with activity. The physical exam of the right knee revealed decreased range of motion. There was tenderness over the medial joint line. The strength was 4 out of 5 with flexion ad extension. The right calf revealed swelling, ecchymosis that affected the posterior aspect down the Achilles tendon arear with increased tenderness. The treatment plan included Flurbiprofen/Lidocaine cream 20%/5%.

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% #1 cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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. Based on the above Flurbiprofen/Lidocaine cream 20%/5% #1 cream is not medically necessary.