

Case Number:	CM14-0147435		
Date Assigned:	09/15/2014	Date of Injury:	07/01/1999
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66-year-old man with a date of injury of July 1, 1999. He has had left wrist reconstruction, has traumatic left wrist osteoarthritis, left knee patellofemoral arthritis and right knee medial compartment arthropathy. On July 22, 2014, he complained of pain and stiffness in the left wrist and left knee. It was stated that he is unable to take oral non steroidal anti-inflammatory drugs due to gastritis and he is on Norco and Prilosec. A request was made for Flurbiprofen Powder/ Lidocaine Powder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Powder/ Lidocaine Powder DOS 7/25/14, 120gm, refill 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidoderm (lidocaine patch) Page(s): 111-113; 56-57.

Decision rationale: Topical Analgesics are recommended as an option as indicated below. Per Chronic Pain Medical Treatment Guidelines, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to

topical treatment. They are recommended for short-term use (4-12 weeks). This injured worker has pain from an injury 15 years ago, he is out of the acute, short-term treatment window, and therefore topical non steroidal anti-inflammatory drugs are not recommended. In addition, per Chronic Pain Medical Treatment Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitors anti-depressants or an antiepileptic drugs such as gabapentin). This is not a first-line treatment and is only Food and Drug Administration approved for post-herpetic neuralgia. There is no documentation that this injured worker has neuropathic pain nor is there documentation that the injured worker has failed a first line medication therapy. Therefore, the request for Flurbiprofen Powder/ Lidocaine Powder is not medically necessary.