

Case Number:	CM14-0154962		
Date Assigned:	09/25/2014	Date of Injury:	01/01/2001
Decision Date:	10/30/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is a 67-year-old man with a documented date of injury on 01/01/01. The medical records provided for review documented that the claimant is status Post Right Total Knee Arthroplasty in 2004 with continued complaints of pain in his contralateral left knee for the diagnosis of degenerative joint disease. The progress report on 06/19/14 documented continued left knee complaints with examination of medial joint line tenderness, positive crepitation with range of motion, and pain with deep flexion. Due to an underlying diagnosis of degenerative joint disease, the recommendation was made for continued conservative measures including a topical compound agent containing 5 % Lidocaine, 20% Flurbiprofen with two refills. There is no documentation of imaging reports or other forms of conservative treatment specific to the claimant's knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Lidocaine 5%/ Flurbiprofen 20% cream 120 gm. with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, and Topical.

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for a topical compound containing Lidocaine and Flurbiprofen cannot be recommended as medically necessary. According to the Chronic Pain Guidelines, if any one agent in a topical compound is not supported, the agent as a whole is not supported. From a nonsteroidal point of view, the only topical agent supported by the Chronic Pain Guidelines is Diclofenac. Flurbiprofen in the topical setting is not recommended due to lack of proven efficacy. Lidocaine is typically also reserved as a second line agent in the topical setting. Without documentation of first line treatment options, the topical compound in question containing agents that are not supported by guideline criteria would not be indicated.