

Case Number:	CM15-0105255		
Date Assigned:	06/09/2015	Date of Injury:	12/01/2014
Decision Date:	07/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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: California, Texas, New Mexico
Certification(s)/Specialty: Anesthesiology

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 31 year old female with an industrial injury dated 12/01/2014. Her diagnosis was left leg contusion. Prior treatment included medications and physical therapy. She presents on 04/06/2015 with complaints of left hip, left leg and bilateral lower extremity pain. She rates the left knee pain at 9/10. She was taking Motrin 800 mg two tablets a day and reports improvement in pain level from 9/10 to 5/10. She was currently not working. Physical examination of the left knee revealed tenderness medially with mild swelling. Gait was antalgic, favoring the right lower extremity. Treatment plan included physical therapy (pending authorization), Motrin and Flurbiprofen/Lidocaine cream. The treatment request is for Flurbiprofen/Lidocaine Cream (20% 5%) 180 gm.

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%) 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical Analgesics Page(s): 72, 111 -112.

Decision rationale: Flurbiprofen is a non-steroidal anti-inflammatory drug or NSAID used for the treatment of osteoarthritis. Topical analgesics and creams are largely experimental with few large studies to support their efficacy. Topical NSAIDs have been shown to be efficacious with initial treatment for osteoarthritis with diminishing returns beyond two to four weeks. As a result, MTUS Guidelines recommends topical NSAIDs for short-term treatment of osteoarthritis and tendinitis. There is no documented evidence of a diagnosis of osteoarthritis or tendinitis in this patient. Lidocaine is a local analgesic. MTUS Guidelines clearly state that any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the above listed issue is considered to be NOT medically necessary.