

Case Number:	CM15-0010467		
Date Assigned:	01/28/2015	Date of Injury:	11/21/2008
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/19/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 44 year old female who sustained an industrial injury on 11/21/2008. She has reported pain in the left knee. The diagnoses have included post-traumatic left-sided hemiparesis, internal derangement of the knee, contusion and lumbosacral sprain/strain. Treatment to date has included a left knee repair, post-operative followup, and medications. Currently, the IW complains of knee pain and left sided weakness. Objectively there is an antalgic gait, weakness, spasticity and restricted range of motion. On 01/06/2015 Utilization Review non-certified a request for Flurbiprofen Lidocaine Cream, noting that compound delivery systems are not generally FDA approved as the mechanism by which these drugs are delivered and its efficacy has not been extensively studied. This appears to be off label usage of these medications. The request was denied. The non-MTUS, ACOEM Guidelines, Official Disability Guidelines (ODG), Chronic Pain, and Medication Compound Drugs were cited. On 01/19/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Lidocaine Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Medication Compound Drugs

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

Decision rationale: The patient presents with left knee pain. The current request is for Flurbiprofen Lidocaine Cream. The treating physician states, Patient has left knee pain with weakness. The MTUS guidelines on page 112 states, No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, Lidocaine is not supported by the MTUS guidelines for use as a topical analgesic when dealing with neuropathic pain. There is also no indication in the treating physician report or request for authorization as to the dosage, frequency or duration of the topical analgesic. The current request is not a valid prescription and is not supported by the MTUS or IMR guidelines. Recommendation is for denial.