

Case Number:	CM15-0116409		
Date Assigned:	06/24/2015	Date of Injury:	07/30/2013
Decision Date:	07/24/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/16/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 32 year old male, who sustained an industrial injury on July 30, 2013. Treatment to date has included right tibial irrigation, debridement and internal fixation, medications, topical creams and assistive devices. Currently, the injured worker complains of persistent pain in the right lower extremity at the right knee. The pain is intermittent with associated weakness. He rates the right lower extremity pain a 5 on a 10-point scale. The injured worker also reports left ankle pain which he rates a 7 on a 10-point scale. The pain is relieved with rest and creams and make worse with activity. The injured worker reports that he uses Kera-tek analgesic gel which reduces his pain from a 7 to a 4-5 on a 10-point scale. On physical examination the injured worker ambulates with an antalgic gait using a single-point cane. He has tenderness to palpation over the bilateral lumbar paraspinal muscles and the range of motion is full. He has tenderness to palpation over the left forearm and a full range of motion in all planes. The right knee has tenderness to palpation and flexion is limited secondary to pain. The right ankle is tender to palpation with a full range of motion. The diagnoses associated with the request include status post right tibial internal fixation, chronic lumbar strain, left lower extremity pain, left wrist strain and left middle finger distal phalanx fracture. The treatment plan includes pain management consultation, internal medicine consultation, compression sock for right lower extremity, aquatic therapy to the bilateral lower extremities and flurbiprofen / lidocaine cream.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Topical Analgesics Section Page(s): 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. As at least one of the medications is the requested compounded medication is not recommended by the guidelines, the request for Flurbiprofen/lidocaine cream is not medically necessary.