

Case Number:	CM15-0124307		
Date Assigned:	07/08/2015	Date of Injury:	06/23/2014
Decision Date:	08/05/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 is a 64 year old male, who sustained an industrial injury on 6/23/14. Initial complaint was of a right knee pain when exiting a vehicle. The injured worker was diagnosed as having right knee meniscal tear; status post right knee arthroscopy (8/2014); rule out new meniscal tear of the right knee; right knee patellofemoral pain. Treatment to date has included status post right knee arthroscopy; partial menisectomy (8/2014); physical therapy; medications. Currently, the PR-2 notes dated 6/2/15 indicated the injured worker complains of persistent pain in the right knee rated at 5-6/10 which is intermittent and about the same as last month. The pain is made better with rest. He does not take pain medications while working due to job responsibilities. The pain is made worse with activities such as suddenly standing up. He is currently working. He is scheduled on this date for a MRA of the right knee. He is a status post right knee arthroscopy with a partial menisectomy in August 2014. The provider's treatment plan included Flurbiprofen/Baclofen/Lidocaine Cream (20%/5%/4%), 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine Cream (20%/5%/4%), 180 gm: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and Lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and Lidocaine medications for this chronic injury without improved functional outcomes attributable to their use. The Flurbiprofen/Baclofen/Lidocaine Cream (20%/5%/4%), 180 gm is not medically necessary and appropriate.