

Case Number:	CM15-0128400		
Date Assigned:	07/15/2015	Date of Injury:	03/17/2014
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/03/2015

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: Connecticut, California, Virginia
 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 57 year old male, who sustained an industrial injury on 3/17/14. He reported pain in his bilateral knees, left hip and lower back. The injured worker was diagnosed as having right knee meniscal tear, status post right knee arthroscopy, left knee posterior horn medial meniscus tear and chronic lumbar strain. Treatment to date has included a left knee MRI on 3/19/15 showing a new meniscus tear status post arthroscopy, a platelet-rich plasma injection to the right knee, physical therapy and Celebrex. As of the PR2 dated 6/3/15, the injured worker reports pain in his lumbar spine, bilateral knees and left hip. He rates his pain a 4/10. Objective findings include a positive McMurray's test in the left knee and tenderness medially in the right knee with range of motion 0-110 degrees. The injured worker has been authorized for left knee arthroscopy. The treating physician requested Flurbiprofen 20%, Baclofen 5%, Lidocaine Cream 4%, 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested makes the requested treatment not medically necessary per the MTUS.