

Case Number:	CM15-0171787		
Date Assigned:	09/14/2015	Date of Injury:	08/07/2014
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 56 year old male, who sustained an industrial injury on August 7, 2014. The injured worker was diagnosed as having status post right total knee replacement on April 13, 2015. Medical records (July 1, 2015 to July 29, 2015) indicate ongoing, intermittent right knee pain that is improving with the help of cream. Per the treating physician (July 29, 2015 report), the injured worker is to continue with return to modified work duties with the restrictions of no lifting greater than 10 pounds, no repetitive kneeling or squatting, and no shoveling, climbing, or crawling. In addition, allow the injured worker to take frequent breaks and sedentary work only. The physical exam (July 1, 2015 to July 29, 2015) reveals a well-healed vertical surgical scar with slight tenderness on the sides and slight redness on the scar. There was continued lacking of complete flexion and maybe -10 degrees of extension. There was slight tenderness on the side of the right knee. Treatment has included postoperative physical therapy, a home exercise program, work restrictions, and medications including topical pain (Flurbiprofen 20%-Lidocaine 5% since at least July 1, 2015), oral pain, and non-steroidal anti-inflammatory. The requested treatments included compounded medication: Flurbiprofen and Lidocaine in Ultraderm Base. On July 31, 2015, the original utilization review non-certified a request for compounded medication: Flurbiprofen and Lidocaine in Ultraderm Base.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD - Flurbiprofen, Lidocaine, Ultraderm Base, QTY: 120gms, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had a knee replacement and chronic pain. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. Topical Lidocaine is intended for diabetic or herpes neuropathy. The claimant does not have these diagnoses. There was no indication for reduction in Ultracet or Flexeril. Since the compound above contains topicals not approved for the claimant's diagnoses, the use of Flurbiprofen, Lidocaine, Ultraderm was not medically necessary.