

Case Number:	CM15-0046681		
Date Assigned:	03/18/2015	Date of Injury:	06/25/2013
Decision Date:	04/23/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/11/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 54 year old male patient, who sustained an industrial injury on 06/25/2013. A primary treating office visit dated 01/26/2015, reported subjective complaint of persistent pain in the left wrist, rated a 2-3 out of 10 in intensity. He also complains of pain in the left knee which is rated 5 out of 10 in intensity, the pain is made better with rest and medication. The patient does take Melxicam which helps decrease the pain from a 5 to 2 out of 10 in intensity. He takes Restoril which helps him sleep. The pain is noted worse with activity. The patient is currently not working. Objective findings showed his left wrist with decreased range of motion, tenderness to palpation over the dorsal aspect at the case of wrist, and there is weak grasp strength. The left knee revealed two well healed surgical port scars, decreased range of motion with flexion to 120 degrees and extension to 5 degrees; with visible locking and stiffness. There was one plus swelling of the left knee and medial joint tenderness. The following diagnoses are applied: left knee meniscal tear, status post arthorscaopy; left knee synovial disorder and left wrist strain./sprain, rule out ligament tear. The patient is scheduled for an magnetic resonance arthrogram and are asking for laboratory work up prior. Physical therapy authorization still pending, recommending Flurbiprofen/Lidocaine cream offering adjunct pain control, the patient will remain temporarily totally disabled with follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine Cream (20%/5%) 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for Flurbiprofen/Lidocaine Cream (20%/5%) 180mg is not medically necessary.