MAXIMUS Federal Services

Case Number:	CM15-0064746		
Date Assigned:	04/10/2015	Date of Injury:	02/23/2007
Decision Date:	05/15/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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: 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:

This 60 year old male sustained an industrial injury to the neck, back and bilateral knees on 2/23/07. Previous treatment included magnetic resonance imaging, cervical fusion, left knee meniscectomy with chondroplasty and synovectomy, right knee arthroscopy, physical therapy, chiropractic therapy, epidural steroid injections, injections, extracorporeal shock wave therapy, heat/ice and medications. In the most recent PR-2 submitted for review, dated 10/8/14, the injured worker complained of pain to the neck, mid back, low back and bilateral knees rate 1-3/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to the cervical spine, thoracic spine, lumbar spine and bilateral knees with restricted range of motion. Current diagnoses included status post cervical spine surgery times two with residuals, thoracic spine myofascial pain syndrome, lumbar spine sprain/strain, lumbar spine discogenic disease, lumbar spine myofascial pain syndrome, right knee sprain/strain, right knee lateral meniscus tear, status post left knee surgery with recurrent meniscal tear, status post right knee arthroscopy, bilateral knee degenerative joint disease, depression, anxiety and sleep disturbance. The treatment plan included continuing physical therapy and topical compound cream (Flurbiprofen 205 / Lidocaine 5% / Amitriptyline 5% 180 GMS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 205 / Lidocaine 5% / Amitriptyline 5% 180 gms: 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): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that topical NSAIDs (non-steroidal anti-inflammatory) medications have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either tor not afterward, or with a diminishing effect over another 2-week period. In addition, topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request for Amitriptyline is not supported in a topical formulation. The request for Flurbiprofen 205 / Lidocaine 5% / Amitriptyline 5% 180 gms is not medically necessary and appropriate.