

Case Number:	CM15-0068043		
Date Assigned:	04/15/2015	Date of Injury:	12/31/1999
Decision Date:	05/14/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 60 year old male who sustained an industrial injury on 12/31/99. The injured worker reported symptoms in the bilateral knees. The injured worker was diagnosed as having bilateral knee osteoarthritis, status post right total knee replacement with residuals and right knee extension contracture. Treatments to date have included topical creams, oral pain medication, and non-steroidal anti-inflammatory drugs. Currently, the injured worker complains of bilateral knee pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Flurbiprofen 20%/Lidocaine 5%, 180gm topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded. Decision based on Non-MTUS Citation Official Disability Guidelines, Lidocaine, topical.

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

Decision rationale: The patient is a 60 year old male with an injury on 12/31/1999. He had bilateral knee pain and had a right knee replacement. MTUS, Chronic Pain guidelines note that if an active ingredient in a compound topical cream is not recommended then the entire compound is not recommended. First there is limited support for topical NSAIDS and second Lidoderm patch is the only MTUS recommended topical lidocaine recommended in some cases. Lidocaine cream is not recommended. Thus, the requested compound cream is not recommended and is not medically necessary.