

Case Number:	CM15-0090083		
Date Assigned:	05/14/2015	Date of Injury:	05/22/1997
Decision Date:	06/18/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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: California
 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 61 year old male who sustained an industrial injury on 05/22/1997. Current diagnoses include cervical disc desiccation, lumbar disc desiccation, partial thickness surface tear of the supraspinatous tendon without retraction, bilateral knee patellofemoral pain with mild osteoarthritis, bilateral knee meniscal tear status post arthroscopy-resolved, and mild right compression of the median nerve at the carpal tunnel. Previous treatments included medication management, Supartz injections, bilateral wrist surgery, bilateral knee surgery, cortisone injection, and wrist brace. Report dated 04/13/2015 noted that the injured worker presented with complaints that included persistent pain in the left knee. Pain level was 4 out of 10 on a visual analog scale (VAS). It was noted that the left knee pain is improved since the last week when he received a Supartz injection and cortisone injection. Physical examination was positive for abnormal findings in the cervical spine, lumbar spine, right shoulder, bilateral wrist, and bilateral knees. The treatment plan included pending spine consultation, second Supartz injection administered to the left knee, continue with wrist brace, and request for flurbiprofen/lidocaine cream to provide additional pain relief. Disputed treatments include flurbiprofen/lidocaine cream and Lidoderm patches.

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%, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Topical lidocaine, Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section/Topical Analgesics Section Page(s): 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. The request for Flurbiprofen/Lidocaine cream 20%/5%, 180gm is determined to not be medically necessary.

30 Lidoderm Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Section Page(s): 56, 57.

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for 30 Lidoderm Patches is determined to be medically necessary.