

Case Number:	CM14-0149402		
Date Assigned:	09/18/2014	Date of Injury:	07/08/1993
Decision Date:	10/20/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, knee pain, and great toe pain reportedly associated with an industrial injury of July 8, 1993. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; partial amputation of the right great toe; topical compounds; and the apparent imposition of permanent work restrictions. In a July 9, 2014 progress note, the applicant reported persistent complaints of knee and foot pain. The applicant had apparently developed some element of knee arthritis, it is stated. A topical compounded lidocaine-Flurbiprofen containing cream was provided. The applicant's complete medication list, however, was not attached. On December 11, 2013, the applicant again presented with persistent complaints of low back and knee pain. The applicant's medication list was not attached. On February 21, 2014, the applicant apparently received authorization for oral Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound LF520 Lidocaine 5% Flurbiprofen 20% #120gms with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medication.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of first-line oral pharmaceuticals, including oral Voltaren, effectively obviates the need for the topical compound at issue. Therefore, the request of compound LF520 Lidocaine 5% Flurbiprofen 20% #120gms with 2 refills is not medically necessary and appropriate.