

Case Number:	CM14-0172721		
Date Assigned:	10/23/2014	Date of Injury:	05/22/2014
Decision Date:	11/25/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine & Rehabilitation 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:

This 64 year-old patient sustained an injury on 2/10/1999 while employed by [REDACTED]. Request(s) under consideration include Topical LF520 (Lidocaine 5%, Flurbiprofen 20%) 120 grams, 2 refills. Diagnoses include lumbar Osteoarthritis. Report of 2/10/14 from the provider noted the patient with ongoing chronic knee pain taking Celebrex for arthritic pain. There is history of knee arthroscopy in 2012. X-rays of left knee showed advanced degenerative arthritis with medial compartment and patellofemoral articulation narrowing. Report of 8/21/14 follow-up noted chronic severe knee pain, worsened with prolonged standing, sitting, or walking. Exam showed knee findings of tenderness over medial and lateral joint lines and patellar crepitus. Diagnoses include advanced left knee osteoarthritis. Medications list Celebrex, Tramadol and topical compound. The request(s) for Topical LF520 (Lidocaine 5%, Flurbiprofen 20%) 120 grams, 2 refills was non-certified on 9/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LF520 (Lidocaine 5%, Flurbiprofen 20%) 120 grams, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 1999 without documented functional improvement from treatment already rendered. The Topical LF520 (Lidocaine 5%, Flurbiprofen 20%) 120 grams, 2 refills is not medically necessary and appropriate.