MAXIMUS Federal Services

Case Number:	CM13-0018876		
Date Assigned:	10/11/2013	Date of Injury:	02/19/2009
Decision Date:	01/21/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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 patient is a 41 year old female who reported an injury on 02/19/2009. The mechanism of injury was not provided, but resulted in an injury to her bilateral knees. She subsequently received right and left knee arthroscopies with noted relief, and an unknown duration of post-operative physical therapy. She continues to be somewhat symptomatic in the right knee, for which she has been receiving Synvisc injections. The patient is currently working full duty with no restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

The compounded drug (Ketoprofen/Lidocaine/Capsaicin/Tramadol: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend the use of topical analgesics primarily for neuropathic pain. With compounded medications, each individual formulation must be assessed and determined appropriate for use within guideline recommendations. MTUS

also states that if any one medication in a compounded product is not recommended, then the entire product is not recommended. Ketoprofen is not recommended for topical use. Capsaicin is only recommended in a 0.025% formulation. The request does not specify the formulation in this combination. As such, the request for Ketoprofen/Lidocaine/Capsaicin/Tramadol is non-certified.

Compounded drug (Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend topical analgesics primarily for neuropathic pain. With compounded medications, each individual formulation must be assessed and determined appropriate for use within guideline recommendations. MTUS also states that if any one medication in a compounded product is not recommended, then the entire product is not recommended. Lidocaine is not recommended for non-neuropathic pain and the patient does not have objective findings of neuropathy. Capsaicin is not recommended in formulations over 0.025% but this request does not specify the intended formulation. Furthermore, the only topical NSAID approved for use is Voltaren, therefore the flurbiprofen and cyclobenzaprine are not recommended. As such, the request for flurbiprofen/cyclobenzaprine/ capsaicin/lidocaine are non-certified.

Continued post-operative physical therapy (8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The California MTUS Guidelines recommend post-operative therapy for the knee and recommend an initial 6 sessions as an evaluative period. The guidelines also state that if objective, functional improvement is documented, the therapy can be extended as appropriate for the diagnosis. In the medical records submitted for review, there were no therapy or clinical notes with objective findings of functional improvement. There was also no indication of how many sessions the patient has received to date. Therefore, the request for continued post-op therapy 2 x 4 is non-certified.