

Case Number:	CM13-0024580		
Date Assigned:	11/20/2013	Date of Injury:	11/03/2011
Decision Date:	02/10/2014	UR Denial Date:	09/02/2013
Priority:	Standard	Application Received:	09/11/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in New York and 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 56-year-old female who reported a work-related injury on 11/03/2011, specific mechanism of injury not stated. The patient subsequently is status post left total knee arthroplasty as of 02/27/2013. The clinical note dated 09/17/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports re-injuring her knee. The patient is able to ambulate, but reports increased pain complaints. Upon physical examination of the patient's left knee, range of motion was noted to be at 0 degree extension, 125 degrees flexion. The provider documented slight tenderness directly over the tibial tubercle and medial joint line. [REDACTED] documented that the patient is requesting more topical compounded pain cream because the patient reports this is the only thing effective for her pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Topical Cream Flurbiprofen, Ketamine, Cyclobenzaprine, Gabapentin, Lidocaine and Prilocaine x 3 refills: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with left knee pain complaints status post work-related injury sustained in 2011 and subsequent left total knee arthroplasty performed in 2013. The patient is requesting compounded topical analgesic for her pain complaints that includes flurbiprofen, ketamine, cyclobenzaprine, gabapentin, lidocaine and prilocaine. However, California MTUS indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. In addition, the utilization of topical muscle relaxants is not recommended as well as lidocaine, ketamine, and flurbiprofen. California MTUS indicates any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Therefore, given the above, the request for compounded topical cream flurbiprofen, ketamine, cyclobenzaprine, gabapentin, lidocaine and prilocaine times 3 refills is not medically necessary or appropriate.