

Case Number:	CM13-0038938		
Date Assigned:	12/18/2013	Date of Injury:	10/29/2011
Decision Date:	02/04/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/01/2013

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 Orthopedic Surgery, has a subspecialty in Fellowship trained in Reconstructive Surgery and is licensed to practice in Illinois, Texas, and West Virginia. 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 49-year-old female who reported an injury on 10/29/2011. The patient is currently diagnosed with plica syndrome and a tear of the medial cartilage or meniscus of the knee. The patient was seen by [REDACTED] on 08/29/2013. The patient reported right knee pain. Physical examination revealed full extension to 120 degrees, negative instability, 5/5 strength, and well-healed incision. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%, Gabapentin 10% cream, 30 gm, Flurbiprofen 20% 30 gram, Tramadol 20% cream: 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): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They

are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Gabapentin is not recommended as there is no peer reviewed literature to support its use. Muscle relaxants are also not recommended as there is no evidence for the use of muscle relaxants as a topical product. As per the clinical notes submitted, there is no evidence of neuropathic pain, nor evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Furthermore, California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Therefore, the request is non-certified.