

Case Number:	CM13-0046324		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2006
Decision Date:	07/29/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/12/2013

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 injured worker is a male with date of injury 6/1/2006. Per orthopedic consultation, the injured worker complains of aching pain and swelling in the left knee, which remains somewhat localized. The pain is mainly on the outer part of his left knee. He experiences increased pain when bending, stooping and squatting. The pain is exacerbated with prolonged sitting, standing and walking. On examination of the right wrist, there is mild snuffbox tenderness. There is tenderness along the radial styloid. The flexion/extension appears to have improved since the previous exam. Examination of the left knee reveals a mild effusion of the knee. He has mild lateral joint line, but no medial joint line tenderness. There is a negative Lachman's and a negative anterior drawer's testing. He is not open to varus nor valgus stress. There is a negative posterior drawer. Anterior-posterior and lateral radiographs of the left knee reveal no fractures or dislocations of the left knee. There is a slight bit of arthritic changes or narrowing of the joint. Diagnoses include right distal radius fracture and left knee strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen, Cyclobenzaprine, Lidocaine Hcl, Glycerin (Compound Med), with delivery Fee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Topical Analgesics Page(s): 67-73; 111-113.

Decision rationale: The California MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, such as topical Flurbiprofen, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical Lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. The California MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as Cyclobenzaprine, as a topical product. The request for Flurbiprofen, Cyclobenzaprine, Lidocaine HCl, Glycerin (compounded med) with delivery fee is determined to not be medically necessary.

Retrospective Ketoprofen Glycerin Lidocaine Capsaicin Tramadol HCL (compound meds), with delivery fee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28, 111-113.

Decision rationale: The California MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. These guidelines report that topical Ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. Topical Lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. Topical Capsaicin is recommended by the California MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. The injured worker has not been diagnosed with any of these conditions that topical capsaicin might be used for. The request for Ketoprofen, Glycerin, Lidocaine, Capsaicin, Tramadol HCl (compound meds) with delivery fee is determined to not be medically necessary. The request for ketoprofen, glycerin, lidocaine, capsaicin, tramadol HCl (compound meds) with delivery fee (date of service March 26, 2013) is determined to not be medically necessary.