

Case Number:	CM13-0047821		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2002
Decision Date:	03/12/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 and is licensed to practice in Alaska 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 55-year-old male who reported an injury on 06/01/2002. The mechanism of injury was not provided within the medical records. However, it is noted that his injuries are to his lumbar spine and bilateral knees. The most recent clinical note dated 09/10/2013 revealed that the patient had decreased sensation in the L5 and S1 dermatomes, he had a positive McMurray's sign, and positive patellar compression test to the bilateral knees, and an unknown surgical authorization for the right knee is pending. At this time, he was noted to be compliant with his medication use, although oral naproxen upsets his stomach. The patient's current diagnoses include lumbar discopathy, 722.93, and internal derangement of the bilateral knees, 717.9. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flur/Cyclo/Cap/Liq compound medication: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications. Page(s): 71.

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend topical analgesics to treat neuropathic and osteoarthritic pain. However, guidelines state that any compounded product that contains at least one drug or drug class that is not recommended deems the entire product not recommended. The current request for a mixture of Flurbiprofen, Cyclobenzaprine, Capsaicin, and an unknown, does not meet guideline recommendations. Currently, the only FDA approved topical NSAID is Voltaren gel, the only topical muscle relaxant approved for use is Baclofen, and the formulation of Capsaicin was not provided. As Flurbiprofen is a topical NSAID, it is not recommended. As Cyclobenzaprine is a topical muscle relaxant, it is not recommended. As the formulation of Capsaicin is unknown, and guidelines recommend Capsaicin in the formulation of 0.025% only, the Capsaicin is not approved. Therefore, the request for Flur/Cyclo/Cap/Liq is non-certified.