

Case Number:	CM13-0050497		
Date Assigned:	12/27/2013	Date of Injury:	09/03/2012
Decision Date:	03/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

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 and Rehabilitation 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 42-year-old male who reported an injury on 09/03/2012. The mechanism of injury was not provided within the medical records. The patient's course of treatment to date includes an MRI of the right knee that revealed a medial meniscus tear, and an MRI of the lumbar spine showing multilevel degenerative disc disease, most notably at L3-4, with an annular bulge and central spinal stenosis. The patient received at least 1 session of acupuncture, utilizes both topical and oral medications, and an unknown duration of physical therapy. The most recent clinical note was dated 11/12/2013 and reported that the patient had positive bilateral straight leg raises, decreased sensation in the right leg, and decreased range of motion in the right knee. The patient's medications were listed as tramadol 150 mg extended release, Prilosec 20 mg, and Naprosyn 550 mg; no directions for use were provided. The patient's diagnoses included right knee medial meniscus tear and probable lateral meniscus tear, lumbar herniated nucleus pulposus with right sciatica, anxiety and depression, insomnia, and headaches. At this time, the patient was recommended for arthroscopic surgery to repair his meniscal tear. 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:

Flurb/Cyclo/Gaba/Tram (6/25/13): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend topical analgesics primarily to treat neuropathic and osteoarthritic pain. Guidelines state that any compounded product that contains at least 1 drug or drug class that is not recommended, deems the entire product not recommended. The current requested compounded cream contains flurbiprofen, cyclobenzaprine, gabapentin, and tramadol. Guidelines state that topical gabapentin is not recommended, as there is no peer-reviewed literature to support its use. Furthermore, topical muscle relaxants other than baclofen, are also not recommended, as there is no evidence to support their use. According to Guideline recommendations, because these 2 items are not recommended, the entire product is not recommended. As such, the request for RETRO - Flurb/Cyclo/Gaba/Tram (6/25/13) is non-certified.