

Case Number:	CM13-0051629		
Date Assigned:	12/27/2013	Date of Injury:	04/18/2013
Decision Date:	04/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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:

According to the records made available for review, this is a 24-year-old male with a 4/18/13 date of injury. At the time (10/30/13) of request for authorization for FLURB/CAP/MENTH/CAMP/ULTRA, KETO/CYCLO/LIBO/ULTRA for the right knee, there is documentation of subjective (worsened pain in the mid back, low back, and right knee) and objective (tenderness to palpation T4-6, T7-10, L/S pain at end ROM, tenderness to palpation L4-S1, positive myospasms, right knee tenderness to palpation of the joint line, pain at end ROM) findings, current diagnoses (L/S S/S with herniated lumbar discs, T/S S/S with herniated discs, right knee S/S with partial thickness tear of ACL, and anxiety disorder), and treatment to date (activity modification and PT).

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURB/CAP/MENTH/CAMP/ULTRA, KETO/CYCLO/LIBO/ULTRA FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of L/S S/S with herniated lumbar discs, T/S S/S with herniated discs, right knee S/S with partial thickness tear of ACL, and anxiety disorder. However, the requested FLURB/CAP/MENTH/CAMP/ULTRA,KETO/CYCLO/LIBO/ULTRA contains at least one drug (ketoprofen, cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for FLURB/CAP/MENTH/CAMP/ULTRA,KETO/CYCLO/LIBO/ULTRA for the right knee is not medically necessary.