

Case Number:	CM13-0052404		
Date Assigned:	12/27/2013	Date of Injury:	11/23/2009
Decision Date:	03/21/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/15/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 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:

This 56-year-old female has a date of injury of 11/23/09 per referral. Exam from 6/10/13 has the claimant with continued giving way of the right knee with instability. Exam reveals global tenderness of the right knee with apprehension of the right patella. Plan is for surgery and medications. Compounded topical cream containing flurbiprofen, cyclobenzaprine, menthol, and pentravan is not medically necessary. At issue for medical necessity is the request for compounded topical cream containing-Flurbipro/Cyclobenzimethol C/Pentra Van Day Supply: 30 Qty: 180 Refills: 11; Bio-Therm Lot Day Supply: 30 Qty: 120 Refills: 11

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded topical cream containing Flurbiprofen/Cyclobenzaprine, Mentol, C/Pentran day supply Qty 30, 180 refills 11, Bio-Therm Lot day supply Qty 30, 120 refills 11: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 3/7/14) Topical analgesics.

Decision rationale: With respect for the request for compounded topical analgesic cream containing Flurbipro/Cyclobenzimethol C/Pentra Van day supply: 30 Qty: 180 refills: 11; Bio-Therm Lot day supply: 30 Qty: 120 refills: 11, this is not supported by the guidelines. Topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation that this is the case, .Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. . Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines page 113, there is no evidence for use of any muscle relaxant such as cyclobenzaprine as a topical product. Therefore, the medical necessity of the request for request for compounded topical cream containing-Flurbipro/Cyclobenzimethol C/Pentra Van day supply: 30 Qty: 180 Refills: 11; Bio-Therm Lot Day Supply: 30 Qty: 120 Refills: 11 have not been established. Therefore is not medically necessary.