

Case Number:	CM13-0054416		
Date Assigned:	12/30/2013	Date of Injury:	06/03/2006
Decision Date:	03/17/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/19/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 61-year-old male presenting with left knee pain following a work related injury on 06/03/2006. An MRI of the left knee revealed complex radial tear involving the posterior horn of the medial meniscus and a small baker's cyst. The claimant had operative arthroscopy of the left knee, partial synovectomy of the left knee, partial medial and lateral meniscectomy of the left knee, and chondroplasty of the undersurface of the patella of the left knee. The physical exam was significant for positive McMurray's sign, Apley test positive, failed apley test during range of motion of the left knee, and quadriceps strength rated at 4/5. The claimant was diagnosed with internal derangement of the left knee, tear of the medial meniscus posterior horn of the left knee, chondromalacia of the patella, medial femoral condyle of the left knee, and synovitis with effusion of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Flurbi (NAP) cream 180gm (Flurbiprofen 10% Lidocaine 5% Amitriptyline 5%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The Chronic Pain Guidelines indicate that "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". The guidelines also indicate that topical analgesics such as lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. For non-neuropathic pain, it is not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The guidelines indicate that a topical analgesic, such as Lidocaine is not recommended for non-neuropathic pain. Finally, in regards to Flurbiprofen, which is a topical NSAID, the guidelines indicate that this medication for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use four to twelve (4-12) weeks. There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore compounded topical cream is not medically necessary.

One (1) prescription of Gabacyclotram 180gm (Gabapentin 10% Cyclobenzaprine 6% Tramadol) as a transdermal medication: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The Chronic Pain Guidelines indicate that "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". The guidelines also indicate that topical analgesics such as Gabapentin are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. For non-neuropathic pain, it is not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the transdermal medication is not medically necessary.