

Case Number:	CM13-0059439		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2012
Decision Date:	05/15/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation, has a subspecialty in Sports Medicine 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 injured worker is a 38-year-old female who reported an injury on 10/17/2012. The mechanism of injury was the injured worker was taking an inmate down when she injured her right knee. The closest documentation to the requested date of service was dated 03/28/2013. It indicated the injured worker was treated with Kenalog and Marcaine injection. The physical examination revealed 0 to 120 degrees of motion on the right knee with medial joint line tenderness to palpation and aggravating maneuvers. The impression included right knee possible impinging synovitis and possible occult meniscal tear and status post right hip sprain with residual stiffness. The diagnosis was pain in the joint lower leg. The plan was for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto/cyclo compound 120 gm (date of service 4/3/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical Analgesics and Ketoprofen Page(s): 41,111,113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Ketoprofen is not currently Food and Drug Administration (FDA) approved for a topical application. The duration of use could not be established. The clinical documentation submitted for review failed to document that the injured worker had neuropathic pain and had a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency for the requested medication and no duration could be established through submitted documentation. The request for the date of service 04/03/2013 was not supplied for review. Given the above, the request for keto/cyclo compound 120 grams date of service 04/03/2013 is not medically necessary.