

Case Number:	CM13-0071067		
Date Assigned:	01/08/2014	Date of Injury:	10/11/2011
Decision Date:	05/07/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/26/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This is a 36-year-old gentleman injured on 10/11/11 sustaining injury to the right knee. Following a course of conservative care, operative intervention took place in the form of a right knee arthroscopy and meniscectomy on 1/23/13. The claimant, however, continues to be with pain complaints. A progress report dated 10/18/13 indicated subjective complaints of continued pain about the right knee. He is with ongoing pain and swelling with physical examination demonstrating painful flexion and extension limited to 80 degrees with an antalgic gait and guarded examination. This was noted to be incomplete due to pain and discomfort. The working assessment was that of right knee internal derangement and chondromalacia status post arthroscopy. An MR arthrogram of the knee was recommended to evaluate for post-surgical changes. Medications were also prescribed in the form of topical compounded agents in the form of Fluriflex Cream for pain relief purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex cream, 180 gms: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: Based on California MTUS Chronic Pain Guidelines, Fluriflex would not be indicated. Fluriflex is a combination of Flurbiprofen and Cyclobenzaprine--both agents of which MTUS Chronic Pain Guidelines do not support in the topical setting. Chronic Pain Guidelines criteria clearly indicate that if any agent in a topical compound is not indicated the agent itself would not be supported. The continued use of this topical compounding agent would, thus, not be indicated.

TGIce cream, 180 gms: 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 Expert Reviewer's decision rationale: Based on MTUS Chronic Pain Guidelines, the role of TGI Cream would not be indicated. Topical agents for the most part are largely experimental with few randomized clinical trials demonstrating efficacy and benefit. The role of TGI Cream for continued use in this claimant's current course of care for a diagnosis of knee chondromalacia would not be supported. Chronic Pain Guidelines would not indicate the need for continued use of this agent.