

Case Number:	CM14-0000021		
Date Assigned:	01/10/2014	Date of Injury:	05/16/2006
Decision Date:	04/22/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/31/2013

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 Physical Medicine and Rehabilitation 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:

The patient is a 49 year old female who was injured on 05/16/2006. Mechanism of injury is unknown. Prior treatment history has included Synvisc injections. Medications: Naproxen, Norco, Cartivisc, Naprosyn, glucosamine/chondroitin, Fluriflex topical cream and TGIce topical cream. Diagnostic studies reviewed include urine analysis toxicology dated 01/25/2013 and 08/20/2013 showing no detection of Gabapentin or carisoprodol/Meprobamate. PR-2 dated 04/22/2013 documented the patient to have complaints of continuous pain in the left knee. The patient states that she takes Norco only rarely now. The Synvisc injection has helped immensely. She does use transdermal creams. The patient continues to have left knee symptomatology. She states that her pain is aggravated by prolonged walking and standing. She states that the weather causes her stiffness in her knee. She continues to try to lose weight. She has been slightly successful. Objective findings on exam included examination of the left knee reveals limited range of motion, most significant on flexion. There is medial lateral joint line tenderness noted. Patellar grind test is positive. There is crepitus on motion as well. There is slight effusion in the infrapatellar region. PR-2 dated 08/09/2013 documented that the patient indicates that after her three series of Synvisc injections, she has significantly improved. Unfortunately, she states that prolonged sitting leads to aggravation of pain and numbness after 30 minutes. She also indicates that her left knee started giving her some problems from what she thinks is compensation. Objective findings on examination of the right knee reveals there is crepitus. Neurological and sensory examination are intact. There is some weakness noted at the quadriceps muscle. She is able to perform toe and heel walk. PR-2 dated 11/01/2013 documented the patient with complaints of ongoing left knee pain. She is doing well with the Synvisc injections received earlier this year. She is still having benefits overall from the injections. She is losing weight but is still going to need a ten-week Lindora weightloss program to help facilitate more weight loss.

She has some occasional right knee pain due to compensation due to left knee pain. Overall, she is doing well. She is currently taking Naproxen, Norco and Cartivisc, which are helping. She is not attending any type of therapy at this time. She is presently working. Objective findings on examination of the left knee reveals there is tenderness to palpation over the bilateral joint lines and some suprapatellar tenderness. There is mild crepitus. There is full range of motion with end range pain. There is partial deep knee bend due to weakness to the thigh and pain to the knee joint. There is no effusion. There is no laxity. Diagnoses: Lateral tibial plateau fracture, healing. Status post left knee arthroscopy. Medial femoral condyle osteochondral defect.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL FLURIFLEX CREAM 180MG QTY 1: Upheld

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

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

Decision rationale: Fluriflex contains Flurbiprofen and Cyclobenzaprine. As per CA MTUS guidelines, there is no evidence for use of any muscle relaxant as a topical product. Further guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request for topical Fluriflex cream is non-certified