

Case Number:	CM14-0002431		
Date Assigned:	01/24/2014	Date of Injury:	03/29/2012
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational Medicine, 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 30-year-old male who has submitted a claim for right knee medial meniscus injury, joint pain, status post right knee arthroscopy associated with an industrial injury date of March 29, 2012. Medical records from 2013 were reviewed showing the patient having constant throbbing knee pain grade 5/10. Physical examination showed pain and tenderness to the right knee. X-ray of the right knee and right fibula (date not documented) showed no increase in osteoarthritis. Official report was not made available. Treatment to date has included medications, physical therapy and right knee arthroscopy. Utilization review dated December 27, 2013 denied the request for Theraflex cream 180mg and Bio-Therm Pain Relieving Lotion 4oz bottle since guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAFLEX CREAM, 180 MG: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Theraflex Cream is composed of Flurbiprofen, an NSAID; and Cyclobenzaprine, a tricyclic-antidepressant. Compounded Flurbiprofen and NSAIDs in general do not show consistent efficacy and are not FDA approved. Cyclobenzaprine is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. The CA MTUS does not recommend Flurbiprofen and Cyclobenzaprine as topical agents. In this case, patient has been on this medication since July 2013. There were no documented functional gains from its use. Moreover, there was no objective evidence of intolerance to oral pain medications that would warrant the use of a topical agent. The noted compounded medication is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Theraflex cream, 180mg is not medically necessary.

BIO THERM PAIN RELIEVING LOTION 4 OZ BOTTLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Salicylates Topical

Decision rationale: Page 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Their use are primarily recommended for neuropathic pain. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Bio-Therm topical cream contains the following active ingredients: Methyl Salicylate 20%, Menthol 10%, and Capsaicin 0.002%. ODG Pain Chapter states that topical pain relievers that contain menthol, methyl salicylate, and capsaicin may in rare instances cause serious burns. Page 105 of the CA MTUS states that salicylate topicals are significantly better than placebo in chronic pain. Page 28-29 states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, the patient has been using Bio-Therm topical lotion since July 2013. However, there were no documented functional gains from its use. Furthermore, it is unclear whether the patient has failed oral medications or was intolerant to them. The compounded medication contains drug classes that are not recommended and there is no discussion regarding the need for variance from the guidelines. Therefore, the request for Bio Therm pain relieving lotion 4 oz bottle is not medically necessary.