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| Case Number: | CM14-0006194 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 07/15/2001 |
| Decision Date: | 06/02/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 01/16/2014 |

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 52-year-old female with a date of injury of 07/15/2001. The listed diagnoses are status post left total knee replacement; lumbosacral sprain with radicular symptoms; chronic pain; and opioid dependence. According to report dated 10/24/2013 by [REDACTED], the patient presents with radiating low back pain that travels to her legs. She experiences aching and numbness in the low back and entire bilateral legs. She complains of stabbing and numbness in her buttock. She has burning sensation in her knees as well. The patient rates pain level 6-9/10. The symptoms in her low back and knees worsen with bending, lifting, twisting, and squatting. She has difficulty sleeping and sitting due to the pain in the low back. Recommendation is for flurbiprofen/cyclobenzaprine/menthol for bilateral knees. Utilization review is dated 01/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR FLURIPROFEN/CYCLOBENZAPRINE/MENTHOL FOR THE BILATERAL KNEES; DOS 11/25/2013: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines has the following regarding, topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. Furthermore, Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. The retrospective request for Flurbiprofen/Cyclobenzaprine/Menthol for the bilateral knees, DOS 10/25/13 is not medically necessary and appropriate.