MAXIMUS Federal Services

Case Number:	CM14-0109715		
Date Assigned:	08/01/2014	Date of Injury:	09/12/2012
Decision Date:	12/22/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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 Internal 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:

According to the records made available for review, this is a 55-year-old female with a date of injury on 09/12/2012. Documentation from 01/31/2014 indicated that while walking, the injured worker slipped, but prevented herself from falling and noted immediate pain in the left knee with a sudden twinge. Documentation from 06/06/2014 indicated the diagnoses of significant left knee meniscal tear with mild anterior cruciate ligament tear, status post left knee surgery on 05/03/2014, and compensatory right knee tendonitis. Subjective findings from 06/06/2014 were remarkable for ongoing left knee pain secondary to recent knee surgery rating the pain a seven on a scale of one to ten and describes the pain to the left knee as achy. The injured worker also had complaints of aching, burning right knee pain with a pain rating of seven on a scale of one to ten wit pins and needles. There is also aching pain to the left ankle, pain to the left shin, and right shin and ankle pain. Physical examination performed on this date was remarkable for antalgic gait, tender left knee surgical site, mild lateralization of the left patella with patella chondromalacia, left patella joint line tenderness, residual mild positive stress test, left joint line tenderness, and mild left hamstring tenderness. Physician documentation also notes range of motion to be at negative five for extension and 80 degrees at flexion with a plus four pout to the quadriceps and hamstring. X-rays of the left knee from 01/31/2014 were remarkable for medial compartment narrowing of the left knee. Documentation from 01/31/2014 noted a magnetic resonance imaging that was remarkable for tricompartmental disease and complex medial meniscal tear. Medical records provided refer to prior treatments and therapies that included the arthroscopic meniscectomy of the left knee, use of crutches, knee brace, orthopedic consultation, course of physical therapy, weight bearing restrictions to the left leg, and a medication regimen of Atenolol, Hydrochlorothiazide, Naproxen, and Tramadol. The medical records provided indicated Tramadol to be helping the injured worker and physical therapy has improved her

overall range of motion, but continues to have difficulty with flexion. While documentation indicated that physical therapy was provided, there was no documentation of quantity, treatment plan, or results of prior phyiscal therapy visits. The medical records provided not indicate specific details of functional improvement, improvement in work function, or in activities of daily living. Medical records from 06/06/2014 noted a work status of temporarily totally disabled. On 07/01/2014, a Utilization Review deemed the request as not medically necessary for FluriFlex Cream 240gm for a quantity of one. Utilization Review based their determination on Chronic Pain Medical Treatment Guidelines that indicate topical analgesics are largely experimental medication with few trials to determine efficacy or safety and are primarily recommended for neuropathic pain when oral medications of antidepressants and anticonvulsants are ineffective. Utilization Review notes that there was no documentation of a failed trial of antidepressants and anticonvulsants without a reason to why topical medication was being used over oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

FluriFlex 240gm Cream #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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fluri-flex 240 g cream is not medically necessary. Topical Analgesics are largely experimental with few controlled trials to determine the efficacy and safety. Topical analgesics 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. Topical formulations of Lidocaine whether creams, lotions or gels are not indicated for neuropathic pain. Gabapentin is not recommended. Ketoprofen is not FDA approved. In this case, the injured worker is receiving topical analgesics for topical pain relief. Lidocaine in cream form is not recommended. Gabapentin in cream form is not recommended. Ketoprofen is not FDA approved. Any compounded product that contains at least one drug (Lidocaine, Gabapentin and Ketoprofen) that is not recommended is not recommended. Consequently the topical analgesic compound containing Lidocaine, Gabapentin and Ketoprofen (Fluriflex Cream 240gm) is not recommended and thereby not medically necessary.