

Case Number:	CM14-0013492		
Date Assigned:	02/26/2014	Date of Injury:	11/23/2010
Decision Date:	08/20/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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:

This is a 48-year-old male with a 11/23/10 date of injury. The mechanism of injury was not provided. According to a 1/6/14 progress note, the patient complained of intermittent pain in the left knee with radiation of pain, burning, numbness, and weakness. Medications only help to control the pain temporarily. Objective findings: tenderness noted upon palpation of the left knee, deformity of left knee, ROM of left knee is limited. Diagnostic impression: left knee history of surgery with sequela, stress. Treatment to date: medication management, activity modification. A UR decision dated 1/16/14 denied the requests for Compounded Medications: Genicin for the left knee and Compounded Medication: Flurbiprofen /Lidoderm / Amitriptyline for the left knee. Genicin was denied because glucosamine is only recommended for knee osteoarthritis and this diagnosis was never given for this patient and is therefore non-certified. Compounded Medication: Flurbiprofen /Lidoderm / Amitriptyline was denied because there was no indication that the patient has failed other medications or is an outlier to the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED MEDICATIONS: GENICIN FOR THE LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the progress reports reviewed, Genicin is an oral form of glucosamine. However, the request states that this is a request for a compounded medication, Genicin. It is unclear what the physician is requesting. Therefore, the request, as submitted, is not medically necessary.

COMPOUNDED MEDICATION: FLURBIPROFEN /LIDODERM / AMITRIPTYLINE FOR THE LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen, Lidocaine, and Amitriptyline are not supported by guidelines for topical application. A specific rationale identifying why this medication would be required in this patient despite lack of guideline support was not identified. Therefore, the request for compounded medication: Flurbiprofen /Lidoderm / Amitriptyline for the left knee is not medically necessary.