MAXIMUS Federal Services

Case Number:	CM14-0016724		
Date Assigned:	03/07/2014	Date of Injury:	08/19/2013
Decision Date:	06/02/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 Pain Management 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 28-year-old male with a date of injury of 08/19/2013. The listed diagnoses per [redacted] are: 1. Right knee sprain/strain. 2. Antalgic gait. 3. Mechanical low back pain. According to report dated 01/29/2014 by [redacted], the patient presents with pain in the right knee aggravated with walking. Examination of the knee revealed decreased range of motion and positive McMurray's and Apley's test. There was medial and lateral joint line tenderness to the right. Chondromalacia patellar test is positive on the right. Utilization review is dated 02/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE KETOPROFEN POWDER 10% WITH CYCLOBENZAPRINE HCL POWDER 3%, LIDOCAINE HCL 5%: 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): 111.

Decision rationale: This patient presents with knee pain. The treating provider is requesting a retrospective request for ketoprofen, cyclobenzaprine, and lidocaine powder. The MTUS Guidelines, p 111, have the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The MTUS Guidelines, page 112, support the use of topical non-steroidal anti-inflammatory drugs (NSAIDs) for peripheral joint arthritis or tendinitis which this patient has. However, non-FDA approved agents like Ketoprofen is not recommended for any topical use. MTUS Guidelines further states this agent is not currently FDA approved for topical application. "It has an extremely high incident of photo-contact dermatitis." Furthermore, Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Recommendation is for denial.

RETROSPECTIVE FLURBIPROFEN POWDER 10% FLURIBIPROFRN POWDER 10% (WITH CAPSAICIN POWDER 0.025%, MENTHOL 2%, CAMPHOR CRYSTALS 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 Page(s): 111.

Decision rationale: This patient presents with knee pain. The treating provider is requesting a retrospective request for flurbiprofen 10% with capsaicin powder 0.025%, and menthol and camphor crystals. The MTUS Guidelines, p 111, have 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 have 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. Recommendation is for denial.