

Case Number:	CM14-0016799		
Date Assigned:	06/11/2014	Date of Injury:	10/14/2010
Decision Date:	07/14/2014	UR Denial Date:	01/24/2014
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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 28-year-old female who reported an injury on 10/14/2010. The mechanism of injury was the injured worker twisted her right knee and foot attempting to catch a falling skillet. The injured worker complained of continuous aching in the right knee and intermittent pain in the left knee. Upon physical exam medial and lateral joint line tenderness noted bilaterally and positive McMurray's on the right. Lachman's, anterior Drawer, posterior sag and knee jerk were all negative. A magnetic resonance imaging (MRI) report of the right knee dated 10/11/2013 revealed increased intensity in the medial meniscus. The MRI of the left knee dated 10/11/2013 revealed no abnormalities. The injured worker's diagnosis include bilateral knee tendinitis/bursitis and status post right knee arthroscopy in 2012 with continues pain. The injured worker has taken medications, used a transcutaneous electrical nerve stimulation (TENS) unit at home and completed physical therapy for treatment. A current list of medications was not included with the documentation. The request for authorization form and rationale was not included with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAMPHOR 2 PERCENT`: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 01/07/2014),Compound Drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Herbal Medicines.

Decision rationale: The request for Camphor 2 percent is not medically necessary. The injured worker has a history of bilateral knee pain and taken medications for treatment. The Official Disability Guidelines (ODG) for herbal medicines states caution is advised since product quantity maybe uncertain due to lack of regulations. A current list of medications and the injured worker's response to medications was not provided in the documentation. Additionally the request lacked a frequency, quantity and a site of application. Based on the above noted, the request is not medically necessary.

RETRO FLURBIPROFEN .25 CYCLOBENZAPRINE 0.2 PERCENT DOS 11/18/2013:
Upheld

Claims Administrator 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 (updated 01/07/2014),Compound Drugs.

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

Decision rationale: The request for retrospective prescription of Flurbiprofen .25 Cyclobenzaprine 0.2 percent DOS 11/18/2013 is not medically necessary. The injured worker has a history of bilateral tendinitis of the knee and chronic pain. The California MTUS states for topical analgesics it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As for non-steroidal anti-inflammatory drugs (NSAID), they may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. For tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are recommended for short-term use of 4-12 weeks. As for muscle relaxant, there is no evidence for use of any other muscle relaxant as a topical product. The injured worker has taken medications for treatment for the knee pain however; there is a lack of documentation to show what medications are being taken. Additionally there is a lack of documentation to show that trials of antidepressants and anticonvulsants have failed. Cyclobenzaprine is in a class of muscle relaxants. The request also lacks frequency, amount and site to be applied. Based on the above noted, the request is not medically necessary.

RETRO 240G CPD. (CAPSAICIN 0.025 PERCENT,FLURBIPROFEN .20, TRAMADOL .10,MENTHOL DOS 11/18/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 01/07/2014),Compound Drugs.

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

Decision rationale: The request for retrospective prescription of 240G CPD (Capsaicin 0.025 percent, Flurbiprofen .20, Tramadol .10, Methol) (DOS: 11/18/2013) is not medically necessary. The injured worker has a history of bilateral tendinitis of the knee and chronic pain. The California MTUS states for topical analgesics it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. For Capsaicin, it is recommended only as an option in patients who have not responded or are intolerant to other treatments. As for non-steroidal anti-inflammatory drugs (NSAID), they may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. For tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are recommended for short-term use of 4-12 weeks. The injured worker has taken medications for treatment for the knee pain however; there is a lack of documentation to show what medications are being taken. Additionally there is a lack of documentation to show that trials of antidepressants and anticonvulsants have failed. The request also lacks frequency, amount and site to be applied. Based on the above noted, the request is not medically necessary.