

Case Number:	CM14-0018008		
Date Assigned:	04/16/2014	Date of Injury:	10/31/2012
Decision Date:	06/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 Sports Medicine and is licensed to practice in Texas. 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 33 year old male who reported injuries to his low back and right knee when he slipped and fell while descending structure stairs on 10/31/2012. On the clinical notes dated 01/08/2014 the injured worker stated he was still having flare-ups of his low back. He also complained of having some tenderness, clicking and swelling about the anterior knee. He is status post arthroscopic repair right knee 06/04/2013. On physical examination, there was decreased range of motion of the right knee, persistent lumbar spine paravertebral tenderness and spasm, especially on the right side. The injured worker demonstrated a positive straight leg raise on the right leg. The treatment plan included creams and medications that were being dispensed for pain relief and follow-up in one month for evaluation. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 COMPOUND MEDICATION (FLUBIPROFEN 25% AND DICLOFENAC 10%) 240 GM: 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 Analgescics Section, Page(s): 111-112.

Decision rationale: The request for 1 compound medication (flubiprofen 25% and diclofenac 10%) 240gm is non-certified. The California MTUS guidelines state that topical analgesics are primarily used in neuropathic pain. The guidelines also state that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. Flubiprofen, a non-steroidal antiinflammatory agent, is not recommended. The clinical notes do not specify what creams are to be used and for what purpose. Therefore, the request for 1 compound medication (flubiprofen 25% and diclofenac 10%) 240gm is non-certified.

1 COMPOUND MEDICATION (CAPSAICIN .0375%, MENTHOL 10%, CAMPHOR 2.5%, AND TRAMADOL 20%) 240 GM: 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 Section , Page(s): 111-112.

Decision rationale: The request for 1 compound medication (capsaicin .0375%, menthol 10%, Camphor 2.5%, and Tramadol 20%) 240gm is non-certified. The California MTUS guidelines state that topical analgesics are primarily used in neuropathic pain. The guidelines also state that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol and camphor are not recommended. Guidelines also state there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The clinical notes do not specify what creams are to be used and for what purpose. Therefore, the request for 1 compound medication (capsaicin .0375%, menthol 10%, camphor 2.5%, and Tramadol 20%) 240mg is non-certified.