

Case Number:	CM14-0115534		
Date Assigned:	08/04/2014	Date of Injury:	05/02/2007
Decision Date:	09/10/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 53 year old male presenting with chronic pain following a work related injury on 05/02/07. The patient reported gastritis and dizziness from Vicodin use. The patient is status post right knee arthroscopy on 5/27/2008. On 3/20/2014, the patient complained of continued back and bilateral knee pain; Knee pain was greater on the right, resulted in a limp and was described as severe. The physical exam showed difficulty standing from a seated position, a limp favoring the right lower extremity, tenderness over the right knee joint line, crepitation over the patella with range of motion, positive patella compression which was worse on the right, and right knee swelling. An MRI of the right knee showed grade III horizontal cleavage tear in the posterior horn of the medial meniscus, small knee joint effusion and 2 mm bone cyst in the subarticular surface of the patella. Lumbar MRI showed mild lumbar spondylosis. According to the medical records the patient is at maximum medical improvement. A claim was made for a compounding cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flur/Bac/Cyclo/Gaba/Keto 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-112 Page(s): 111-112.

Decision rationale: is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, CA MTUS page 111 states that topical analgesics such as Flurbiprofen or Ketoprofen, which are topical NSAID, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore, the requested medication is not medically necessary.