

Case Number:	CM14-0133166		
Date Assigned:	08/22/2014	Date of Injury:	05/03/2002
Decision Date:	09/23/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/20/2014

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 and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 51 year old male with a reported date of injury on 05/03/2002. The mechanism of injury was a fall. The injured worker's diagnoses included lower leg joint pain, tenosynovitis of hand and wrist, tear of medial cartilage or meniscus of the knee, joint pain involving multiple sites, osteoarthritis, and sprain of cruciate ligament of knee (side not specified), osteoarthritis of the right knee, depression, and anxiety. The injured worker's past treatments include cortisone injections to right knee, physical therapy, assistive devices, and medications. The injured worker's diagnostic testing included an MRI of the right wrist in 2012, x-rays on 08/12/2013, and right knee x-rays on 06/14/2014. The injured worker's surgical history included a right shoulder arthroscopy in 2011, right wrist cyst removal in 2012, and right knee arthroscopies in 2010 and on 06/09/2014. On 11/14/2013 the injured worker reported bilateral knee pain rated 8/10. The injured worker was seen for a post-op visit on 06/16/2014 and reported bilateral knee pain for which he took Norco. The clinician reported limping ambulation and reviewed x-rays. The injured worker was seen for a knee evaluation on 06/20/2014 where he complained of constant knee pain rated at 8/10, aggravated by walking with crutches and moderate difficulties with activities of daily living. The clinician reported right knee active range of motion with 70 degrees of flexion and -17 degrees of extension and manual muscle testing of 3-/5 on flexion and 3+/5 on extension, and tenderness to palpation at incision site. The injured worker's medications included Hydrocodone-APAP 10-325 mg, Diclofenac 100 mg, Cyclobenzaprine 7.5 mg, Pantoprazole 20 mg, Tramadol 150 mg, Zolpidem 10 mg, Mirtazapine 30 mg, Sertraline 50 mg, Amitriptyline 10 mg, compounded Flurbiprofen/cyclobenzaprine/menthol/C/ Pentravan, compounded Gabapentin/Methocel/Pyroxin, Bio-Therm lotion, and Trazodone 50 mg. The request was for Compound: Flurbiprofen/Cyclo/Menth cream #180 g. and Keratek gel #4 oz. for the treatment of

sprain of cruciate ligament of knee (side not specified). The request for authorization form was submitted on 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen/cyclo/menth cream #180 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for Compound: Flurbiprofen/Cyclo/Menth cream #180g is not medically necessary. The injured worker has been diagnosed with osteoarthritis of the right knee. The California MTUS Guidelines state, regarding topical analgesics, that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note topical NSAIDs may be recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines note muscle relaxants are not recommended for topical application as there is no evidence for use of any other muscle relaxant as a topical product. The rationale for the request states that this medication is prescribed for the treatment of sprain of cruciate ligament of the knee and not for arthritis. The prescribed compound contains Cyclobenzaprine, which is not recommended per the guidelines. As the guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the compound would not be indicated. Additionally, the request does not include the treatment site, directions or frequency of use. Therefore, the request for Compound: Flurbiprofen/Cyclo/Menth cream #180g is not medically necessary.

Keratek gel #4 oz: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals Page(s): 105. 111-112.

Decision rationale: The request for Keratek gel #4 oz. is not medically necessary. The injured worker has been diagnosed with osteoarthritis and sprain of cruciate ligament of the right knee. Keratek is comprised of menthol and methyl salicylate. The California MTUS Guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. The rationale for the request states

that this medication is prescribed for the treatment of a sprain of cruciate ligament of the knee. There is a lack of documentation indicating antidepressants and anticonvulsants have failed to improve the injured worker's condition and decrease his pain. Additionally, the request does not include the treatment site, directions or frequency of use. Therefore, the request for Keratek gel #4 oz. is not medically necessary.