

Case Number:	CM14-0152885		
Date Assigned:	09/23/2014	Date of Injury:	08/24/2012
Decision Date:	10/27/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 25-year-old male with a date of injury of 8/24/12. The mechanism of injury was not noted. He had right knee arthroscopy 1/2013. On 7/22/14 he complained of persistent pain in the neck, lower back and bilateral knees. The bilateral knee pain was rated 9/10. The right knee pain was worse than the left and more constant. He uses Motrin over the counter and Ultram. Exam of the right knee revealed restricted range of motion. There was tenderness over the medial and lateral joint lines. The diagnostic impression is right knee patellofemoral pain. Treatment to date: Right knee arthroscopy 1/2013, medication management, A UR decision dated 8/15/14 denied the request for Flurbiprofen 20% / cyclobenzaprine 10% / menthol cream 4% 180gm. The Flurbiprofen/ cyclobenzaprine / menthol compounded analgesic was denied because there was no documentation of intolerance to oral pain medication and that the claimant needs an alternative treatment in the form of a topical analgesic. There was no documented neuropathic pain. Further, there is no documentation of failed trials of antidepressants and anticonvulsants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/ cyclobenzaprine / menthol cream (20% / 10% / 4%) 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesic Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, many agents are compounded as mono-therapy or in combination for pain control, including NSAIDs, but there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a NSAID, similar to Ketoprofen, which is not recommended for topical use. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In addition, cyclobenzaprine is a muscle relaxant and also not support for topical use per guideline recommendations. Again, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A specific rationale identifying why Flurbiprofen / cyclobenzaprine / menthol cream for topical analgesic use would be required in this patient despite lack of guideline support was not identified. Therefore, the request for Flurbiprofen / cyclobenzaprine / menthol (20% / 10% /4%) 180gm was not medically necessary.