

Case Number:	CM14-0171985		
Date Assigned:	10/23/2014	Date of Injury:	05/13/2011
Decision Date:	12/31/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/17/2014

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 Emergency Medicine 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:

The injured worker is a 54 year-old female, who sustained an injury on May 13, 2011. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included September 16, 2014 left knee arthroscopy, physical therapy, medications. The current diagnosis is status post left knee arthroscopy. The stated purpose of the request for Flurbiprofen 20% Cyclobenzaprine 10% Menthol 4% cream 180 grams was not noted. The request for Flurbiprofen 20% Cyclobenzaprine 10% Menthol 4% cream 180 grams was denied on October 9, 2014, citing a lack of guideline support. Per the report dated September 25, 2014, the treating physician noted complaints of post-operative left knee pain and swelling. Exam findings included left knee limited range of motion, and anterior tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Cyclobenzaprine 10% Menthol 4% Cream, 180 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Flurbiprofen 20% Cyclobenzaprine 10% Menthol 4% cream 180 grams is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has post-operative left knee pain and swelling. The treating physician has documented included left knee limited range of motion, and anterior tenderness. The treating physician has not documented trials of anti-depressants or anticonvulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Flurbiprofen 20% Cyclobenzaprine 10% Menthol 4% cream 180 grams is not medically necessary.