

Case Number:	CM14-0175033		
Date Assigned:	10/27/2014	Date of Injury:	03/07/2014
Decision Date:	12/05/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family 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 patient had a date of injury on 3/7/2014. The patient fell off a 3 foot platform onto a concrete floor. The patient was seen and diagnosed at that time with a complex laceration of the right knee with contusion and lumbar and thoracic sprain. The patient was treated with physical therapy and compound creams. On recent visit with the treating physician the patient complained of intermittent lower back pain traveling to his big left toe as well as right knee pain. Medications include: naproxen and ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Analgesic creams (gabacyclotram and flurbiprofen): 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 Page(s): 111.

Decision rationale: Based on guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. 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. According to the patient's medical records there is no indication as to why this medication is needed and furthermore is not supported. Therefore, Analgesic creams (gabacyclotram and flurbiprofen) is not medically necessary and appropriate.