

Case Number:	CM14-0181743		
Date Assigned:	11/06/2014	Date of Injury:	02/25/2009
Decision Date:	12/26/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 Practice 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 60 yr. old male claimant who sustained a work injury on 2/25/09 involving the low back and knees. He was diagnosed with lumbar strain and underwent a right knee replacement in 2010 and a left knee replacement in 2012. A progress note on 9/26/14 indicated the claimant had 5/10 pain. He had painful range of motion of the knees. He was given topical Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% 120GM: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

According to the guidelines, topical muscle relaxants are not recommended due to insufficient evidence to support their use. Flexeril is a muscle relaxant. Since the compound above contains a muscle relaxant, Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% is not medically necessary.