MAXIMUS Federal Services

Case Number:	CM14-0027763		
Date Assigned:	06/20/2014	Date of Injury:	01/17/2013
Decision Date:	07/22/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesiology, has a subspecialty in Pain 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 62 year old male who sustained a work related injury on 01/17/13 while wrapping a pallet with plastic film, he noticed the onset of pain in his left knee associated with stiffness. The injured worker was referred to a medical center and was evaluated and underwent x-rays. The injured worker was prescribed medication, provided with a knee brace, and nine sessions of physical therapy. The injured worker was sent back to work with restrictions which his employer was not able to accommodate and sent him home on temporary total disability. The injured worker was also on Ketoprofen and Naproxen. The injured worker had prior work related injuries, he injured his right shoulder and chest in 2009 received conservative treatment and stated that he fully recuperated without residual symptoms. In 2003 injured his low back, received conservative treatment and stated that he fully recuperated without residual symptoms. MRI of the left knee on 07/10/13 showed, morphologic abnormality to the medial lateral meniscus. Medial and collateral ligaments were within normal limits. The quadriceps and patellar tendons appeared satisfactory. No fracture was noted. Diagnosis was left knee sprain/strain. Physical examination of left knee exam showed full active and passive motion with pain on high flexion. Tenderness to palpation over the anterior lateral knee joint line. No instability on varus testing. 0-39 degrees of anterior posterior drawer was negative. McMurray testing was negative. The patient had slight crepitus with range of motion. Injured worker was working modified duty, and there was documented functional improvement. Most recent progress note dated 04/14/14, was a handwritten note which was illegible. Request was for Flurlido-A 30g., Ultraflex G 240g, Ultraflex G 30g, Flurlido A 240g and functional capacity evaluation. Prior utilization review on 02/17/14 non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURLIDO-A 30 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound drug; and the Food & Drug Administration (FDA).

Decision rationale: The request for Flurlido-A 30gm is not medically necessary. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains Lidocaine and Amitriptyline which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended, the compound is not recommended. Therefore, the request is not medically necessary.

ULTRAFLEX-G 240 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound drug; and the Food & Drug Administration (FDA).

Decision rationale: The request for Ultraflex G 240gm is not medically necessary. The request for a topical cream, gabapentin, cyclobenzaprine, and tramadol is not supported medically necessary. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains Gabapentin and Tramadol which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended, the compound is not recommended. Therefore, the request is not medically necessary.

ULTRAFLEX-G 30 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound drugs; and the Food & Drug Administration (FDA).

Decision rationale: The request for Ultraflex G 30gm is not medically necessary. The request for a topical cream, gabapentin, cyclobenzaprine, and tramadol is not supported medically necessary. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: gabapentin and tramadol which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended, the compound is not recommended. Therefore, the request is not medically necessary.

FLURLIDO-A 240 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound drugs; and the Food & Drug Administration (FDA).

Decision rationale: The request for Flurlido-A 240gm is not medically necessary. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Lidocaine and amitriptyline which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended, the compound is not recommended. Therefore, the request is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, FCE.

Decision rationale: The request for functional capacity evaluation is not medically necessary. The clinical documentation does not support the request for FCE. Injured worker was working

modified duty, and there was documented functional improvement. Therefore, medical necessity has not been established. The request is not medically necessary and appropriate.