MAXIMUS Federal Services

Case Number:	CM14-0037321		
Date Assigned:	06/25/2014	Date of Injury:	09/01/2008
Decision Date:	09/05/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/27/2014

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 and is licensed to practice in Maryland. 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 employee was a 55-year old female with industrial injury sustained on 09/01/08. The mechanism of injury was twisting her torso awkwardly while preventing a tray with dough from falling. She also had twisted her right knee and struck her left ankle. Her complaints included neck, low back pain, left knee pain and left ankle pain. She had a past history of hypertension. Her medications included Vicodin, Tramadol, Naproxen and Zofran. Evaluations included magnetic resonance imaging (MRI) of lumbar spine, which revealed disc desiccation and mild disc height loss with 4mm disc bulge at the L4-L5 level resulting in bilateral neural foraminal narrowing. An MRI of the right knee revealed stable tricompartmental osteoarthritis and complex tear of the medial meniscus with chronic full thickness tearing of the anterior cruciate ligament (ACL). Her diagnoses included lumbar spine radiculopathy, right knee meniscal tear, right knee internal derangement and left ankle tendonitis. She had right knee diagnostic arthroscopy with partial meniscectomy, partial synovectomy and chondroplasty on 12/6/13. On 09/02/13 she was seen by orthopedic surgeon. Subjective complaints included neck pain, numbness and tingling in right upper extremity, low back pain, numbness and tingling to lower extremities and knee pain. The diagnoses included cervical spine disc herniation, lumbar disc herniation, lumbar radiculopathy, knee medial meniscus tear and bilateral knee internal derangement. The treatment plan included multiple topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 25%, 240g: 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): 111-112.

Decision rationale: The employee was being treated for cervical spine disc herniation, lumbar spine disc herniation, lumbar radiculopathy, right knee medial meniscus tear and bilateral knee internal derangement. The MTUS chronic pain guidelines indicate that there is no evidence for use of any muscle relaxant (Cyclobenzaprine) as a topical product. The guidelines also indicate that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The request for Cyclobenzaprine 2%, Flurbiprofen 25% 240 grams is not medically necessary.

Diclofenac 25%, Tramadol 15%, 240g: 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, Tramadol Page(s): 111-112.

Decision rationale: The employee was being treated for cervical spine disc herniation, lumbar spine disc herniation, lumbar radiculopathy, right knee medial meniscus tear and bilateral knee internal derangement. The MTUS Chronic pain guidelines indicate that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The requested compound has Tramadol as a topical analgesic, which is not recommended. Hence, the request for the topical Diclofenac 25%, Tramadol 15% is not medically necessary.