

Case Number:	CM14-0042196		
Date Assigned:	06/20/2014	Date of Injury:	06/17/2013
Decision Date:	07/29/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/13/2014

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 Physical Medicine & Rehabilitation 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 41-year-old male who was injured on 6/17/13 when he fell approximately four feet from the tractor onto the ground floor of the dock, injuring his right knee. MRI of the right knee (unknown date) showed meniscal tearing. The previous treatment included medications including FluriFlex, TGIce, Hydrocodone/APAP, Cartivisc, Tramadol/APAP, physical therapy, acupuncture, right knee video arthroscopy, partial lateral meniscectomy, chondral debridement and chondral picking with subchondral bone penetration along intracondylar notch defect and patellar chondroplasty and postoperative therapy. On 3/12/14 the request for FluriFlex and TG ICE was denied as there was no indication the patient was intolerant or unable to use oral NSAIDs or anti-convulsant. On 3/14/14 the patient complained of ongoing right knee pain rated as 8-10/10 with grinding and clicking sensation. The patient is status post kidney removal on 5/29/12 due to cancer. An examination revealed an antalgic gait, abnormal patellar tracking, positive patellar grind maneuver, severe tenderness in the medial and lateral aspect, crepitus, surgical scarring, mild effusion and swelling and positive McMurray's, Drawer's, Lachman instability, varus-valgus stress test and instability test. Flexion was -4/5 and extension was 3/5. The diagnoses were status post right knee arthroscopy with chondral debridement and left elbow contusion and strain. The plan was physical therapy, acupuncture, Synvisc injection and Exoten topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 15/10% 180gm cream: 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): 111-113.

Decision rationale: According to the California MTUS Guidelines, compounded topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of topicals for other conditions. Furthermore, there is no evidence of intolerance to oral analgesics. There is no documentation of any significant improvement in pain or function with prior use. Therefore, the request is not medically necessary according to the guidelines.

TG Ice 8/10/2/2% 180gm cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals , Topical Analgesics Page(s): 105 and 111-113.

Decision rationale: According to the California MTUS guidelines, compounded topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support use of topicals for other conditions. Furthermore, there is no evidence of intolerance to oral analgesics. There is no documentation of any significant improvement in pain or function with prior use. Therefore, the request is not medically necessary according to the guidelines.