

Case Number:	CM14-0048497		
Date Assigned:	06/25/2014	Date of Injury:	11/18/2006
Decision Date:	07/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/28/2014

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 Texas. 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 56-year-old male who had a date of injury of 11/18/06. Per review of the clinical records, it would appear that the mechanism of injury was pulling on a door. The injured worker had bilateral knee, hip, and back pain. The injured worker had six sessions of physical therapy for his back and eight sessions of physical therapy for his knees. He used soft neoprene braces to the bilateral knees and on physical examination had full extension of the right knee to 145 degrees flexion. Lachman's test was negative and pivot shift test was negative. McMurray's test was positive medially and negative laterally. Radiographs reportedly showed moderate patellofemoral arthritis of the left knee. Magnetic resonance image (MRI) dated 09/28/12 noted tear of the medial posterior horn of the medial meniscus and mid body tear and medial patellar facet chondromalacia. The request was placed for Orthovisc injections which was not responded to. Physical therapy and over the counter medications was not helpful. Webster neoprene knee sleeves were reported to provide benefit. The injured worker was recommended to try Voltaren gel. Utilization review determination dated 03/18/14 non-certified the request for topical compound containing flurbiprofen, cyclobenzaprine, gabapentin, lidocaine and prilocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound 60gm topical (Flubiprofen, Cyclobenzaprine, Gabapentin, Lidocaine, Prilocaine), times three (3) days, no ndc#, 3/7/14 script, no refills: 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): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compounded Medications, and United States Food and Drug Administration (FDA).

Decision rationale: The submitted clinical records indicate that the injured worker has chronic bilateral knee pain secondary to workplace event on 11/18/06. The California Medical Treatment Utilization Schedule, the Official Disability Guidelines (ODG), and United States Food and Drug Administration (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: Flubiprofen, Cyclobenzaprine, and Gabapentin which have not been approved by the FDA for transdermal use. As such, the request for Compound 60gm topical (Flubiprofen, Cyclobenzaprine, Gabapentin, Lidocaine, Prilocaine), times three (3) days, no ndc#, 3/7/14 script, no refills, is not recommended as medically necessary.