

Case Number:	CM14-0053949		
Date Assigned:	07/07/2014	Date of Injury:	04/11/2012
Decision Date:	08/28/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/21/2014

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 Texas and Ohio. 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 65-year-old female who reported an injury on 04/11/2012 reportedly when she slipped and fell onto her left knee. On 04/18/2012, the injured worker had undergone a left knee partial inferior pull patellectomy with reattachment of the patellar tendon. The injured worker's treatment history included urine drug screen, medications, H-wave machine and a knee brace. The injured worker was evaluated on 04/21/2014 and was documented that the injured worker complained of constant moderate left knee pain, increased with prolonged standing. It was noted Ultracet, transdermal cream and H-wave were helping with the pain. Objective findings range of motion of the wrist was decreased and tenderness. Range of motion of the lumbar spine was decreased with tenderness. Range of motion of the left knee was decreased with tenderness. Diagnoses included a sprain of the wrist bilaterally, myoligamentous strain of the lumbar spine, chronic left patellar tendinosis, patellofemoral malalignment, residual muscle weakness and atrophy, left leg, and status post left knee partial inferior pull patellectomy with reattachment of the patellar tendon. Medications included Ultracet, Prilosec, and Compounded transdermal cream. Request for Authorization dated 03/07/2014 was for retro authorization for Flurbiprofen 25%, Lidocaine 5%, Menthol 1%, and Camphor 1% cream; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen 25%, Lidocaine 5 %, Menthol 1 % and Camphor 1% cream: Upheld

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

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

Decision rationale: The request is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least (or drug class) that is not recommended. The proposed gel contains methyl salicylate and menthol. Any compounded product that contains at least one or more drug class is not recommended. Other muscle relaxants there is no evidence for use of any other muscle relaxant as a topical product. In addition, this agent has compounding agents with two or three oral agents together. Lidocaine is only recommended for localized pain after there has been evidence of first line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). The guidelines do not recommend for the use of a topical product compounding two or more oral agents and found no efficacy or benefit over individual agents separately. The documentation submitted failed to indicate the injured worker's outcome measurements of conservative care measures such as physical therapy and pain medicine management. In addition, the request did not provide frequency or location where the compound cream will be applied. As such, the request for retrospective for Flurbiprofen 25%, Lidocaine 5%, Menthol 1% and Camphor 1% cream is not medically necessary.