

Case Number:	CM14-0054342		
Date Assigned:	07/07/2014	Date of Injury:	09/11/2012
Decision Date:	08/27/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/23/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 27-year-old male was reportedly injured on 9/11/2012. The mechanism of injury was noted as a right knee injury while walking through a terminal. The most recent progress note, dated 1/29/2014, indicated that there were ongoing complaints of right knee pain. Physical examination of the right knee demonstrated medial joint line tenderness, range of motion: Extension 0 and flexion 130, no effusion or crepitus, positive McMurray, normal sensation and 5/5 motor strength. MRI of the right knee, dated 9/26/2013, demonstrated a small joint effusion. Previous treatment included medications. A request had been made for transdermal cream (Gabapentin 10%, Lidocaine 5%, and Tramadol 15%) and Transdermal cream (Cyclobenzaprine 2% and Flurbiprofen 25%), which were non-certified in the utilization review on 3/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective transdermal cream (Gabapentin 10%, Lidocaine 5%, and Tramadol 15%):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 113.

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental, and that any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. Additionally, the guidelines state there is no evidence to support the use of topical gabapentin and recommend against the addition of Gabapentin to other agents. Therefore, the request for transdermal Gabapentin 10%/Lidocaine 5%/ Tramadol 15% 240 gr #1 is not considered medically necessary.

Transdermal cream (Cyclobenzaprine 2% and Flubiprofen 25%) 240 gr: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 113.

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. The guidelines further state that the use of topical muscle relaxers, including Cyclobenzaprine, is not recommended. As such, this request for transdermal Cyclobenzaprine 2%/Flurbiprofen 25% 240gr #1 is not considered medically necessary.