MAXIMUS Federal Services

Case Number:	CM14-0055598		
Date Assigned:	06/13/2014	Date of Injury:	04/02/2011
Decision Date:	07/16/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/03/2014

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 51-year-old male who was being treated for right knee osteoarthritis status post right total knee arthroplasty and right knee arthrofibrosis. Date of injury was April 2, 2011 and the mechanism of injury is not given. His treatment included right knee corticosteroid injection on 30 August 2013, October 2013 and again in December 2013. His medications also included Oxy IR 5mg and Mobic. His subjective complaints during the visit in August, October and December included anterior right knee pain and lateral knee pain. He was noted to be working 2 jobs and was noted to have no improvement with the injection. Objective findings included antalgic gait, well healed incision, mild effusion in right knee and tenderness to palpation over patellar tendon origin and quadriceps insertion. His diagnoses included status post total knee replacement, right knee arthrofibrosis, patellar and ITB (iliotibial band) tendonitis and right saphenous nerve neuroma. His treatment plan included Neoprene knee sleeve over stockinette, ice packs as needed, Mobic, Tylenol and Oxy IR PRN. He was given trigger point injections under ultrasound guidance. During his visit on February, 10, 2014, his subjective complaints included right knee pain that was 10/10 prior to medications and 7/10 after taking medications. He was reporting anxiety without Oxy IR. He was taking Advil. He was doing home exercise program. Objective findings of right knee included well healed incision, tenderness to palpation of lateral hamstring insertion and decreased sensation over 2nd and 3rd toes. His diagnoses included right knee arthrofibrosis, status post total knee arthroplasty, tendonitis, right saphenous nerve neuroma and right foot Morton's neuroma. The plan included Klonopin as needed, home exercise program, right knee trigger point injection with corticosteroid, Mobic, Prilosec and topical compounded analgesic with Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 5% and Lidocaine 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, LIDOCAINE 2%, 240GM, 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 112.

Decision rationale: The employee was being treated for pain in right knee with tendonitis and arthrofibrosis. He was receiving oral analgesics including Oxy IR, Mobic and Tylenol. He was working full and unrestricted duty. Request was for the compounded topical analgesic containing flurbiprofen 20%, Baclofen 2%, cyclobenzaprine 2%, gabapentin 6% and Lidocaine 2%. According to the chronic pain guidelines topical analgesics are largely experimental in use and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical Baclofen and topical other muscle relaxants are not recommended according to California MTUS guidelines. In this employee there is no history of neuropathic pain and it is not clear from the notes whether oral medications had been maximized. In addition, topical muscle relaxants are not recommended. Hence the medical necessity for this compounded topical analgesic, which contains two agents that are not recommended, is not met.