

Case Number:	CM14-0069653		
Date Assigned:	07/14/2014	Date of Injury:	01/03/2012
Decision Date:	09/10/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/14/2014

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 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:

This patient sustained an injury on 1/3/12 from getting out of a truck when the left knee gave out while employed by [REDACTED]. Request(s) under consideration include Flurbi (NAP) Cream-LA 180grams, Gabacyclotram 180grams, Terocin 240ml. Diagnoses include left knee osteoarthritis s/p (status post) left knee arthroscopy with medial meniscectomy/chondroplasty, three compartment synovectomy and removal of loose bodies with chondral fragmentation. Current medications list Gabapentin, Norco, and Terocin cream. Exam showed left knee range with crepitus; antalgic gait; rangae flex/ext. (flexion extension) of 90-0 degrees; no effusion; and tenderness. Request(s) for Flurbi (NAP) Cream-LA 180grams, Gabacyclotram 180grams, Terocin 240ml was non-certified on 5/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi (NAP) Cream-LA 180grams, Gabacyclotram 180grams, Terocin 240ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Knee/Leg and chronic pain) Treatment Guidelines.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. The submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2012 without documented functional improvement from treatment already rendered. The Flurbi (NAP) Cream-LA 180grams, Gabacyclotram 180grams, Terocin 240ml is not medically necessary and appropriate.