

Case Number:	CM14-0070137		
Date Assigned:	07/14/2014	Date of Injury:	12/04/2013
Decision Date:	08/27/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/15/2014

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 injured worker is a 60-year-old male who was reportedly injured on 12/4/2013. The mechanism of injury was listed as a right knee injury, while walking down stairs, carrying a 10-pound bag. The most recent progress note dated 2/5/2014, indicated that there were ongoing complaints of right knee pain. Physical examination of the right knee demonstrated mild to moderate joint line tenderness, right knee range of motion: extension 0 and flexion 110 and positive McMurray's test. Magnetic resonance image of the right knee dated 1/24/2014 demonstrated a medial meniscus tear. Plain radiographs of the right knee, dated 2/25/2014, were normal. Previous treatment included physical therapy and medications to include Ibuprofen. A request was made for Capsaicin 0.025 %, Flurbiprofen 15 %, Tramadol 15 %, Menthol 2 %, 240grams tube and was not certified in the utilization review on 5/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025 %, Flurbiprofen 15 %, Tramadol 15 %, Menthol 2 %, 240 GM tube:
Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule 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". The guidelines note there is little evidence to support the use of topical tramadol for treatment of knee pain due to a meniscus tear. As such, this request is not considered medically necessary.