

Case Number:	CM14-0070138		
Date Assigned:	07/14/2014	Date of Injury:	12/04/2013
Decision Date:	08/29/2014	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 Occupational Medicine 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:

Injured worker is a female with date of injury 12/4/2013. Per primary treating physician medical re-evaluation dated 3/3/2014, the injured worker has not started any type of therapy for her knee. She was apparently scheduled recently for right knee surgery with the previous clinic, however she went for medical clearance, failed, and is now pending a cardiology consult. On examination she is in moderate distress. She moves cautiously and ambulates with a cane. She walks with an antalgic gait favoring her right knee. Evaluation of her right knee reveals no evidence of previous surgical intervention, deformity, or overlying skin lesions. There are stable ligamentous components on anterior and posterior drawer testing and valgus/varus stress testing. There is tenderness to palpation of the medial knee, lateral knee, and popliteal on the right. Range of motion is flexion 105/120 degrees and extension 0/0 degrees. There is positive McMurray's and crepitus on the right. Diagnoses include 1) right knee strain/sprain 2) right knee internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%/Flurbiprofen 20% 540gm tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Topical Analgesics Page(s): 67-73, 111-113.

Decision rationale: The MTUS Guidelines not recommend the use of topical muscle relaxants, as there is no evidence for use of muscle relaxants as a topical product. The use of topical cyclobenzaprine is therefore not recommended. The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Flurbiprofen is supported for mild to moderate pain. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. For this compounded topical analgesic, topical cyclobenzaprine is not recommended, so the entire compounded agent is not recommended. The request for Cyclobenzaprine 2%/Flurbiprofen 20% 540gm tube is determined to not be medically necessary.