

Case Number:	CM14-0071466		
Date Assigned:	07/16/2014	Date of Injury:	01/12/2013
Decision Date:	09/08/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/16/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 12, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; reported diagnosis with advanced arthritis; work restrictions; knee brace; and topical compounds. In a Utilization Review Report dated May 8, 2014, the claims administrator denied a request for a topical compounded medication. The applicant's attorney subsequently appealed. In a April 14, 2014 progress note, the applicant had apparently been returned to modified work. The applicant was given an operating diagnosis of knee arthritis. The applicant was waiting Synvisc injections. Unspecified topical compounds and a knee brace were endorsed. A flurbiprofen-cyclobenzaprine topical compound and a hinged knee brace were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15 %, Cyclobenzaprine 10 %, 180 GM, # 1: 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 Page(s): 113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.