

Case Number:	CM14-0075351		
Date Assigned:	07/16/2014	Date of Injury:	07/25/2006
Decision Date:	09/25/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 records presented for review indicate that this 50-year-old individual was reportedly injured on 7/25/2006. The mechanism of injury is not listed. The most recent progress note dated 4/7/2014, indicates that there are ongoing complaints of right knee pain. Physical examination of the right knee demonstrated tenderness over medial meniscus; knee range of motion: right flexion 90 degrees extension, and left flexion 120 degrees and extension 0 degrees; positive McMurray's test with internal rotation on the right with locking, clicking and giving way. No recent diagnostic imaging studies available for review. Diagnosis: right knee osteoarthritis, degenerative joint disease and internal derangement status post right knee surgery on 7/8/2011. Previous treatment includes Relafen, Cyclobenzaprine, Omeprazole and topical analgesics. A request had been made for 180 gram-jar FlurFlex (Flurbiprofen 10 percent, Cyclobenzaprine 10 percent) 180 gram-jar, 1 jar each to be applied once or twice a day a thin layer over the affected areas to reduce pain; and TGHOT (Tramadol 8 percent, Gabapentin 10 percent, Menthol 2 percent, Camphor 2 percent, Capsaicin 0.05percent), which were not certified in the utilization review on 4/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 gram-jar FlurFlex (Flurbiprofen 10 percent, Cyclobenzaprine 10 percent) 180 gram-jar, 1 jar each to be applied once or twice a day a thin layer over the affected areas to reduce pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain (Updated 4/10/14)Compound drugs.

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

Decision rationale: MTUS treatment guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. The guidelines further state that the use of topical muscle relaxers, including Cyclobenzaprine, is not recommended. As such, this request is not medically necessary.

TGHot (Tramadol 8 percent, Gabapentin 10 percent, Menthol 2 percent, camphor 2 percent, capsaicin 0.05percent): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines-Compound drugs.

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

Decision rationale: MTUS 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". Additionally, the guidelines state there is no evidence to support the use of topical Gabapentin and recommend against the addition of Gabapentin to other agents. Therefore, this request is not medically necessary.