

Case Number:	CM14-0087665		
Date Assigned:	07/23/2014	Date of Injury:	05/30/2010
Decision Date:	10/16/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/11/2014

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 54 year-old male was reportedly injured on 5/30/2010. The most recent progress note, dated 5/20/2014, indicates that there were ongoing complaints of low back pain and right knee pain. The physical examination is handwritten and only partially legible. It states right knee pain, positive patellar grind. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request has been made for Flurbip/capsaicin KN Oil, 10% 0.025% liquid, quantity 120, Lidocaine/Hyaluronic patch 6& 0.2 % cream, quantity 120, and was not certified in the pre-authorization process on 6/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbip/capsaicin KN Oil, 10% 0.025% liquid, quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

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". The guidelines note there is little evidence to support the use of a compounding cream for you are in pain. Furthermore, there is no documentation of any conservative treatment, physical therapy, or first-line medications. As such, this request is not medically necessary.

Lidocaine/Hyaluronic patch 6& 0.2 % cream, quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

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". The guidelines note there is little evidence to support the use of a compounding cream for pain. Furthermore, there is no documentation of any conservative treatment, physical therapy or first-line medications. As such, this request is not medically necessary.