

Case Number:	CM14-0095076		
Date Assigned:	07/25/2014	Date of Injury:	06/06/2012
Decision Date:	09/10/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in Pain 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 injured worker is a 67-year-old male who reported an injury on 05/06/2012 due to an unspecified mechanism of injury. On 05/08/2014, he reported pain that affected his right knee, rated at an 8/10. A physical examination of the right knee revealed limited range of motion with flexion of 90 degrees and normal extension of 0 degrees. There was tenderness noted over the median and lateral joint lines and healed incisions were noted. Surgical history included a right knee platelet rich plasma injection and a right total knee arthroplasty performed on unspecified dates. His diagnoses were listed as right knee post-traumatic tricompartmental osteoarthritis, status post total right knee arthroplasty, right knee varus degenerative alignment, status post right distal femur open reduction and internal fixation, status post right knee platelet rich plasma injection, and left knee compensatory pain with underlying tricompartmental osteoarthritis post-traumatic. Past treatments included medications. Medications included Vicodin. Information regarding diagnostic testing was not provided for review. The treatment plan was for Flurbiprofen/cyclobenzaprine/menthol cream 180 grams. The Request for Authorization form and rationale for treatment were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Menthol Cream 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): page 111-114.

Decision rationale: Per the note dated 05/08/2014, the injured worker reported pain in the right knee rated at an 8/10 and was reportedly taking Vicodin to address his pain. The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Compounded products that contains at least 1 drug (or drug class) that is not recommended are not recommended. Topical NSAIDs are recommended for short term use of 4 to 12 weeks for the treatment of osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is no evidence for the use of any other muscle relaxant as a topical product. Based on the clinical information submitted for review, the patient was noted to have a diagnosis of post-traumatic tricompartmental osteoarthritis. However, the compound cream being requested contains cyclobenzaprine, which is a muscle relaxant and muscle relaxants in topical form are not recommended as there is no evidence of their use to support efficacy. In addition, it was stated that the injured worker was already taking Vicodin to address his pain symptoms. The use of a topical analgesic in addition to other pain medications is unclear as the injured worker did not state that his pain medications were un-effective. Furthermore, the request failed to provide the frequency of the medication within the request. The request is not supported by the guideline recommendations as cyclobenzaprine is not recommended in topical form and the rationale for the use of the medication was unclear. Given the above, the request is not medically necessary and appropriate.