

Case Number:	CM14-0129927		
Date Assigned:	08/18/2014	Date of Injury:	06/27/2013
Decision Date:	01/23/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/13/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 patient is a 41 year old male with an injury date of 06/27/14. Per the 02/24/14 report, the patient presents with right knee pain rated 6/10. Examination reveals that palpation of the knee elicits tenderness over the medial and lateral joint lines of the right knee with range of motion limited by pain. McMurray's test is positive on the right. The patient's diagnoses include: right knee sprain/strain; intractable pain; post-surgical changes of the lateral patellar; retinaculum and right knee medial collateral ligament sprain. The provider reports the following past surgeries: Right knee 06/27/13; Left knee varicose vein and Nail removed due to trauma to the right knee. The utilization review being challenged is dated 07/25/14. Reports were provided from 2/24/14 to 05/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FluriFlex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams (chronic pain section) Page(s): 111.

Decision rationale: The patient presents with right knee pain rated 6/10. The provider requests for Fluriflex (Flurbiprofen 10%, Cyclobenzaprine 10% 180gm per 02/24/14 report and 01/27/14 RFA. MTUS has the following regarding topical creams (page111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The provider states on 01/24/14 that this medication is to assist in reducing or aid in resolving the patient's symptoms and is to be applied locally to painful areas, and that advantages include lack of systemic side effects, absence of drug interactions and no need to titrate. However, this compounded topical analgesic contains Cyclobenzaprine which is not recommended for topical formulation. Per MTUS this topical product is, therefore, not recommended. The request is not medically necessary.