

Case Number:	CM14-0143462		
Date Assigned:	09/10/2014	Date of Injury:	06/24/2009
Decision Date:	01/07/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/04/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 61-year-old male with a date of injury of 06/24/2009. The listed diagnoses are: 1) Knee replacement, 2) Tear medial meniscus, knee, 3) Internal derangement, knee. According to progress report from 05/27/2014, the patient complains of pain in his left knee. Under objective finding, it was noted "stable knee." Recommendation was for Norco and the patient was to remain off work. Progress report 02/25/2014 notes the patient is status post TKR and doing well with meds. Objective finding noted "healed knee surgery. Good ROM." Treatment plan was for refill of Norco 10/325 mg #60. On 05/27/2014, the treater recommended topical compound creams stating that "transdermal cream prescribed for targeted therapy and temporary pain relief from pain or inflammation of joint and other areas amendable to topical treatment." The treating physician provides progress reports from 01/29/2014 through 09/30/2014. The progress reports are handwritten and largely illegible. Utilization review denied the request for the topical cream on 08/07/2014..

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Tramadol 15% Dextrom ethorphan 10% Capsaicin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, topical creams Page(s): 111.

Decision rationale: This patient presents with continued bilateral knee complaints. Review of the medical file indicates the patient is status post left total knee replacement. Date of surgery is not indicated. It appears it was prior to 09/26/2013 as this is the earliest report provided for review, and indicates "healing scar, good ROM, some pain." The current request is for flurbiprofen 25%, lidocaine 5%, menthol 5%, Tramadol 15%, dextromethorphan 10%, capsaicin. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." Given the patient has continued knee pain, a topical NSAID may be considered. Moreover, MTUS states that lidocaine is only allowed in a patch form and Tramadol is not recommended in any topical formulation, thus rendering the entire compound cream invalid. The request is not medically necessary.