

Case Number:	CM14-0177917		
Date Assigned:	10/31/2014	Date of Injury:	05/14/2014
Decision Date:	02/06/2015	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/27/2014

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 Emergency 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:

Patient with reported date of injury on 5/14/2014. Mechanism of injury is claimed as a re-injury while trying to hold something up and falling. Patient has a diagnosis of knee sprain. Medical reports reviewed. Last report available until 6/4/14. Patient has L knee pain and history of bilateral knee problems. Pain is 6/10 occasionally increasing to 8/10. Notes popping in knee. Objective exam reveals Mild swelling, mild effusion to affected knee. Pain is diffuse with Positive Valgus stress and guarding on Lachman's. Positive Medial McMurray's. Range of motion is decreased. Prescriptions request is dated 7/3/14 with no documentation of rationale for these prescriptions provided. No imaging reports provided for review. Medications include Nabumetone. Independent Medical Review is for Ketoprofen/Cyclobenzaprine/Lidocaine and Flurbiprofen/Capsaicin/Menthol/Camphor(both creams are bundled as 1 single request). Prior UR on 9/27/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Cyclobenzaprine/Lidocaine: Upheld

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

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1)Ketoprofen: Not FDA approved for topical applications. The use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary. It is also prescribed with another topical NSAID leading to risk of toxicity. Not recommended.2)Cyclobenzaprine: Not recommended for topical application.3) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no neuropathic related pathology. Not recommended. Not a single compound is recommended. This compound is not recommended. This request is not medically necessary.

Flurbiprofen/Capsaicin/Menthol/Camphor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Page(s): 105, 111-113.

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1)Flurbiprofen: Shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. It is also prescribed with another NSAID leading to risk for toxicity. Flurbiprofen is not medically necessary. 2)Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended.3)Camphor/Menthol: Non active fillers that may have some topical soothing properties. Not a single component of these creams is recommended. Requested compounded product is not medically necessary.