

Case Number:	CM14-0187632		
Date Assigned:	11/17/2014	Date of Injury:	01/21/2012
Decision Date:	02/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 30 year old female with date of injury 1/21/12. The mechanism of injury is not stated in the available medical records. The patient has complained of right knee pain and low back pain since the date of injury. She has been treated with right knee arthroscopy and anterior cruciate ligament reconstruction, physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of lumbar spinous processes L1-5, positive straight leg raise on the right. Diagnoses: right knee status post arthroscopy, right knee medial meniscus tear, low back strain. Treatment plan and request: FCL cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL cream (Flubiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5%) 180 grams: Upheld

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

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

Decision rationale: This 30 year old female has complained of right knee pain and low back pain since date of injury 1/21/12. She has been treated with right knee arthroscopy and anterior

cruciate ligament reconstruction, physical therapy and medications. The current request is for FCL cream (Flubiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5%) 180 grams. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above FCL cream (Flubiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5%) 180 grams is not indicated as medically necessary.