

Case Number:	CM14-0191482		
Date Assigned:	11/25/2014	Date of Injury:	08/16/2013
Decision Date:	04/17/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male, who sustained an industrial injury on August 16, 2013. He reported getting injured due to repetitive work activities. The injured worker was diagnosed as having right knee sprain/strain, rule out derangement knee, and right knee pain. Treatment to date has included oral and topical medications. Currently, the injured worker complains of knee pain and numbness in the right lower extremity. The Treating Physician's report dated October 23, 2014, noted the injured worker reporting that medication had helped him with the pain. The right knee was noted with tenderness to palpation, with crepitus, and a positive McMurray's. The Physician dispensed Naproxen, Pantoprazole, and Hydrocodone/APAP, with medical creams ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Tramadol 20% 30 gm: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify the following regarding topical Analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This is a case for compounded flurbiprofen and tramadol. The California Medical Treatment and Utilization Schedule does not have provisions for topical tramadol. There is an absence of peer review controlled studies on topical tramadol and it is not recommended. Therefore, this compounded formulation containing this product is not medically necessary.