

Case Number:	CM14-0216127		
Date Assigned:	01/06/2015	Date of Injury:	04/24/2006
Decision Date:	04/09/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/24/2014

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 62-year-old male, who sustained a work related injury on 4/24/06. He was drilling a post of about 3 inches thick. The drill got stuck jerking his right arm, right elbow and right wrist. He sustained a work related injury on 7/8/01. He slipped while carrying a "chop saw" and fell backwards with his left knee bent against a wall. The diagnoses have included bilateral knee strain/sprain, left knee internal derangement, left knee meniscal tear, left knee surgery x 2 with residuals, left knee cruciate ligament tear and right knee chondromalacia patella. Treatments to date have included physical therapy with benefit, a home exercise program, medications, hot/cold packs, use of a neoprene sleeve, electrostimulation, MRI right knee and occupational therapy sessions. In the PR-2 dated 10/23/14, the injured worker complains of pain in bilateral knees. He rates the pain a 5-6/10. He has tenderness to palpation of bilateral knee joints. McMurray's sign is positive. He states that physical therapy is helping to decrease his pain and tenderness. He states that physical therapy has helped him perform activities of daily living better and function has improved. On 11/24/14, Utilization Review non-certified requests for Fluriflex 180gm. and TGHOT 180gm. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 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 Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 62-year-old male with an injury on 07/08/2001 and 04/24/2006. He had two left knee surgeries but continues to have bilateral knee pain as of 10/23/2014. MTUS guidelines note that if one active ingredient of a topical compound analgesic cream is not recommended than the entire compound is not recommended. Fluriflex contains an NSAIDS cream with cyclobenzaprine cream. Cyclobenzaprine is not recommended; therefore the compound Fluriflex is not recommended; it is not recommended.

TGHot 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 Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 62-year-old male with an injury on 07/08/2001 and 04/24/2006. He had two left knee surgeries but continues to have bilateral knee pain as of 10/23/2014. MTUS guidelines note that there is relatively poor documentation in randomized, blinded controlled studies supporting the efficacy of topical analgesics. That is the use of topical analgesics "are largely experimental in use with few randomized controlled trials to determine efficacy and safety," (MTUS Chronic Pain, Topical Analgesics page 111). TGHot is a form of topical capsaicin but the exact percent of capsaicin in this compound cream was not provided. Capsaicin in doses higher than 0.025% is experimental. There is insufficient documentation to substantiate the medical necessity of TGHot and there is no documentation of active synovitis/arthritis.