

Case Number:	CM15-0007679		
Date Assigned:	01/26/2015	Date of Injury:	11/25/2011
Decision Date:	03/13/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 63 year old female with a date of injury as 11/25/2011. The current diagnoses include lumbar spine sprain/strain with radiculitis, thoracic spine dextroscoliosis, lumbar spine multi-level disc protrusions, lumbar spine disc desiccation, right lower extremity radiculopathy and neuropathy, right knee contusion, right knee chondromalacia patella, status post right knee arthroscopy, left knee pain due to over compensation, degenerative osteophytes of the left knee, left knee lateral meniscus tear, left knee lateral subluxation of the patella, left knee effusion, and left knee arthritis. Previous treatments include oral and topical medications, right knee arthroscopy, Synvisc injection, physical therapy, and acupuncture. Report dated 12/04/2014 noted that the injured worker presented with complaints that included persistent, moderate, occasionally severe left knee pain with radiation going down her legs. Physical examination revealed tenderness to palpation of the bilateral sacroiliacs, tenderness on palpation with spasms of the lumbar spine and left gluteal muscle, tenderness to palpation in the right and left knee with decreased range of motion. Treatment plan included request for Lidocaine patch and anti-inflammatory topical for myofascial pain. The injured worker is not working. The utilization review performed on 01/06/2015 non-certified a prescription for topical anti-inflammatory (Flurbiprofen 20%/cyclobenzaprine 4%/ Lidocaine 5%) based on guidelines do not recommend topical cyclobenzaprine and any compounded product that contains at least one drug that is not recommended, is not recommended. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical anti-inflammatory 180g: 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): 82-92.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case the claimant was given Flurbiprofen 20%/Cyclobenzaprine 4%/ Lidocaine 5%, Topical muscle relaxants are not recommended due to lack of scientific evidence. Since the topical compound contains Cyclobenzaprine, the compound in question is not medically necessary.