

Case Number:	CM15-0130139		
Date Assigned:	07/16/2015	Date of Injury:	05/15/2011
Decision Date:	09/09/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/06/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 male, who sustained an industrial injury on 05/15/2011. He reported neck, back, buttock, shoulder, and knee pain after falling down at work. The injured worker is currently not working. The injured worker is currently diagnosed as having lateral meniscus tear of the right knee, medial meniscus tear of the right knee, posterior cruciate ligament tear of the right knee, degenerative arthritis of the right knee, bone contusion of the right knee, cervical spine multilevel disc protrusions, cervical spine disc desiccation, and cervical spine annular tears. Treatment and diagnostics to date has included physical therapy, acupuncture, and medications. In a progress note dated 03/06/2015, the injured worker presented with complaints of persistent pain in his neck, mid back, low back, wrist, and knees, rated a 7/10. Objective findings include tenderness to palpation to cervical spine with spasms and limited range of motion secondary to pain. The treating physician reported requesting authorization for 2 compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine/Flurbiprofen Cream DOS 3/23/15: 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: Cyclobenzaprine is classified as a muscle relaxant and Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. As per California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Topical non-steroidal anti-inflammatory drugs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis". California MTUS also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Flurbiprofen is not currently [REDACTED] approved for topical application and not outlined in the MTUS Guidelines. Therefore, based on the Guidelines and the submitted records, Cyclobenzaprine/Flurbiprofen cream is not medically necessary.

Retro Capsaicin/Menthol/Camphor/Gabapentin/Flurbiprofen Cream DOS 3/23/15: 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 California MTUS Chronic Pain Guidelines, topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". California MTUS also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". The requested cream contains Capsaicin, Menthol, Camphor, Gabapentin, and Flurbiprofen. Per MTUS, Gabapentin is not recommended. Therefore, the request for the above compound cream is not medically necessary.