

Case Number:	CM15-0148546		
Date Assigned:	08/11/2015	Date of Injury:	06/11/2014
Decision Date:	09/10/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/30/2015

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 56 year old male who sustained a work related injury June 11, 2014. Past history included status post right knee arthroscopy medial and lateral meniscectomy and debridement, tricompartment chondroplasty, diffuse partial synovectomy, November, 2014 and status post right total knee arthroplasty May 13, 2015. An MRI of the right knee performed July 24, 2014 (report present in the medical record) revealed a medial meniscus tear extending to the free edge of the posterior horn; the lateral meniscus exhibits grade III signal alteration extending to the free edge at the junction of the posterior horn and body; posterior cruciate ligament compatible with a moderate sprain without complete disruption; moderate sized joint effusion; chronic tendinopathy of the patellar and quadriceps without tendon rupture (refer to report). According to an orthopedic physician's progress report, dated May 27, 2015, the injured worker presented for a post-operative follow-up status post surgery with discomfort and swelling. Physical examination of the right knee reveals the staples are clean, dry and intact without evidence of infection. There is no calf tenderness and he is neurovascularly intact. Diagnosis is documented as status post total knee arthroplasty. Treatment plan included removal of staples with Steri-Strips applied, begin physical therapy and continue with pain medication (not specified). At issue, is the request for authorization for urine drug screen 12 panel, compound medication; Flurbiprofen, Ketoprofen, Gabapentin, Lidocaine and compound medication; Flurbiprofen, Ketoprofen, Cyclobenzaprine, Capsaicin, Menthol, Camphor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Flurbiprofen, Ketoprofen, Gabapentin, Lidocaine: 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): 111-112.

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. Topical anti-epileptics such as Gabapentin are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. The compound above contains these topical medications and was prescribed along with other topicals without evidence for their combined use. The compound in question is not medically necessary.

Compound medication: Flurbiprofen, Ketoprofen, Cyclobenzaprine, Capsaicin, Menthol, Camphor: 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): 111-112.

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. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. The claimant was not diagnosed with arthritis. The compound above contains these topical medications and was prescribed along with other topicals without evidence for their combined use. The compound in question is not medically necessary.

UDS 12 panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.