

Case Number:	CM15-0160784		
Date Assigned:	08/27/2015	Date of Injury:	05/12/2006
Decision Date:	09/29/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male, who sustained an industrial injury on May 12, 2006. The injured worker was diagnosed as having right ankle chronic strain of lateral ligaments, right knee chondromalacia, right knee osteochondral lesion-osteochondritis dissecans, partial tear posterior cruciate ligament of left knee, contusion-sprain right knee, left hip arthroscopy and lumbar herniated nucleus pulposus (HNP) with stenosis. Treatment to date has included chiropractic treatment, surgery, physical therapy and medication. A progress note dated May 18, 2015 provides the injured worker complains of flare up of right knee pain due to a fall with swelling. He also reports back pain radiating down the legs with back stiffness and numbness in the feet. He rates the pain 8-10 out of 10. Physical exam notes an antalgic gait, tenderness to palpation of the lumbar area with spasm and decreased range of motion (ROM). There is right knee painful range of motion (ROM) with crepitus. There is a retrospective request (5-18-15) for Cyclobenzaprine-Anhydrous lipoderm-Poloxamer-Lecithin Soya Granuklar/Capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (Cyclobenzaprine/Anhydrous lipoderm/Poloxamer/Lecithin Soya Granuklar/Capsaicin duration and frequency unknown) dispensed on 5/18/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant and opioid over oral formulation for this chronic 2006 injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant and Capsaicin for this chronic injury without improved functional outcomes attributable to their use. The Retro (Cyclobenzaprine/ Anhydrous lipoderm/Poloxamer/Lecithin Soya Granuklar/Capsaicin duration and frequency unknown) dispensed on 5/18/2015 is not medically necessary or appropriate.