

Case Number:	CM15-0168342		
Date Assigned:	09/09/2015	Date of Injury:	02/13/2015
Decision Date:	10/14/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/26/2015

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, Pain Management, 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:

This is a 35-year-old male with a date of injury on 2-13-2015. A review of the medical records indicates that the injured worker is undergoing treatment for knee sprain-strain. Medical records (5-11-2015 to 7-16-2015) indicate ongoing left knee pain rated 6 to 7 out of 10. He reported that over compensation was causing the other leg-knee to be sore. Per the treating physician (6-18-2015), the employee was temporarily totally disabled; he was released to return to modified work with no prolonged standing or walking, no climbing of ladders and no deep knee bends or squatting. The physical exam (5-11-2015 to 7-16-2015) reveals mild effusion of the left knee. There was tenderness to palpation at the left knee region and distal part of the left leg. Per the 7-16-2015, there was full range of motion of the left knee. Treatment has included physical therapy, work restrictions, and pain medications (Ibuprofen and Tylenol). The original Utilization Review (UR) (7-27-2015) non-certified a request for Norco. UR non-certified requests for Amitriptyline 10%, Gabapentin 10%, Dexamethasone 1%, Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base 240grams and Flurbiprofen 20%, Baclofen 10%, Dexamethasone 1%, Panthenol 0.5% in cream base 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 1%, Panthenol 0.5% in cream base 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS 2009 recommends against the use of topical compounded agents since safety and efficacy have not been established. It further states that any topical compounded agent that contains any antiepileptic drugs or other experimental formulation should not be approved. This request for a topical analgesic cream does not adhere to evidence-based guidelines and is therefore not medically necessary. Baclofen is not indicated for topical use.

Amitriptyline 10%, Gabapentin 10%, Dexamethasone 1%, Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base 240grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS 2009 recommends against the use of topical compounded agents since safety and efficacy have not been established. It further states that any topical compounded agent that contains any antiepileptic drugs or other experimental formulation should not be approved. This request for a topical analgesic cream does not adhere to evidence-based guidelines and is therefore not medically necessary. Gabapentin is not indicated for topical use.