

Case Number:	CM15-0190017		
Date Assigned:	10/02/2015	Date of Injury:	11/01/2009
Decision Date:	11/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female who sustained an industrial injury on 9-10-2008. A review of medical records indicates the injured worker is being treated for abdominal pain and orthopedic diagnosis (referred). Medical records dated 4-15-2015 noted improving abdominal pain. Physical examination noted lung sounds were clear with a regular heart rate and rhythm. Abdomen was soft with normoactive bowel sound. Treatment has included topical medication since at least 2-20-2015. Utilization review form noncertified Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, and Hyaluronic acid 0.2% in 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 2%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.0375%, Hyaluronic acid 0.2% in 180g: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain, Medication-Compound drugs.

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

Decision rationale: The claimant sustained a work injury in November 2009 and continues to be treated for bilateral lower extremity pain. Her injury occurred when she fell directly on her knees. She has a history of right knee arthroscopic surgery in 2010. When seen, she was having right anterior knee and bilateral ankle pain rated at 7-10/10. She was having right lower extremity numbness and tingling. She had anxiety, stress, and insomnia. Physical examination findings included a body mass index over 35. There was bilateral medial knee joint line tenderness with crepitus and edema. There was decreased range of motion with positive McMurray's testing. Medications were refilled including topical compounded cream. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Dexamethasone is also a component and prescribing two anti-inflammatory medications is duplicative. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication is not medically necessary.