

Case Number:	CM15-0193391		
Date Assigned:	10/07/2015	Date of Injury:	10/24/2013
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/01/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 33 year old female, who sustained an industrial injury on 10-24-13. The injured worker has complaints of right knee pain. The documentation noted that the medications have been helping her and have improved her functions of day-to-day living as well as range of motion. Knee examination showed point tenderness along the patellar tendon. The injured worker has medial joint line pain and has a valgus strain that is notable on examination. The injured workers pain level is reduced by 50% with a visual analog scale pain score drop about 6 out of 10 to about 2 to 3 out of 10. The injured worker reports increased activity such as walking and being able to get around such as exercising and mover around in the house. The diagnoses have included other internal derangement of knee. Treatment to date has included anti- inflammatory; diclofenac; omeprazole and transdermal creams with gabapentin, flurbiprofen and with cyclobenzaprine. Magnetic resonance imaging (MRI) right knee is partial tendon injury. The original utilization review (9-15-15) non-certified the request for flurbiprofen 20% baclofen 10% dexamethasone 2% panthenol 0.5% in cream base (210).

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 2% Panthenol 0.5% in cream base (210):
Upheld

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

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the determination is for non-certification. According to the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, page 113, there is no evidence for use of any other muscle relaxant as a topical product. As, baclofen is a non recommended component of this compound, the entire compound is not recommended. Therefore the request is not medically necessary.