

Case Number:	CM15-0194794		
Date Assigned:	10/08/2015	Date of Injury:	01/22/2010
Decision Date:	11/19/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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: Preventive Medicine, 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:

The injured worker is a 66 year old male who sustained an industrial injury on 01-22-2010. Medical records indicated the worker was treated for right knee internal derangement; status post total knee replacement (2013), right knee pain; chronic pain-related insomnia. In the provider notes of 09-09-2015, the injured worker complains of severe right knee and lower leg pain. On a scale of 0-10, his pain score is a 7-8, and has averaged an 8 between visits. Without pain medications, the pain score is an 8, and with pain medications, the pain reduces to a 5. The worker is unable to bend his right knee or ankle due to severe edema. He has history of blood clots. The 08-24-2015 progress report documented the worker was recently hospitalized for deep vein thrombosis and pulmonary emboli and was on anticoagulants. On exam (09-09-2015), the right knee is edematous and the right calf is also tight and swollen. Red pustules are noted above the right ankle, and his right foot has 2+ pitting edema. The physician's notes "rule out compartment syndrome", and possible staph infection. The treatment plans included saline wash for the lower leg, and keep the leg open to air until he can see an internal medication physician, and continuation of his topical compounded medications. The treatment plan also includes referral to a NESP-R program (R stands for Revised in 2010 to meet MTUS guidelines applicable to workers compensation patients) is a program that targets patients with chronic pain or who were started on prescription opioids for pain; that are now either addicted or dependent on opioid (opioid) medications. The worker's medications include a topically applied compounded cream (Flurbiprofen 20%, aclofen 10% Dexamethasone 2%, Hyaluronic acid 0/2% transdermally. The compounded topical medication was changed slightly in its composition.

His medications also included Trepadone, Gabadone, Clonidine, and Dilaudid. A request for authorization was submitted for: Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Cyclobenzaprine 2% cream 1 tube and NESP-R program (2 weeks). A utilization review decision 09/14/2015 non-certified the requests.

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%/Cyclobenzaprine 2% cream 1 tube:
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: MTUS Guidelines are very specific in stating that only FDA/Guideline approved topical agents are recommended and any compound containing unsupported agent(s) are not recommended. The compound includes several agents that are not Guideline supported. The Flurbiprofen as a topical NSAID is not Guideline supported and both muscle relaxants Baclofen and Cyclobenzaprine are not recommended as topical agents. The compounded Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Cyclobenzaprine 2% cream 1 tube is not supported by Guidelines and is not medically necessary.

NESP-R program (2 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Chronic pain programs, opioids.

Decision rationale: The requested program is not well defined in the medical records, but appears to be a chronic pain program with an emphasis on opioid detoxification. The MTUS Guidelines have very specific criteria to be met to be considered consistent with Guidelines. These criteria include proof of long term success with similar patients. No information is provided supporting the long term success of this particular program. The Guideline criteria also includes a recommended multidisciplinary evaluation including psychological determination for motivation and suitability for such a program. These key criteria have not been met and the medical records do not document if the patient is willing or desires such a program. Under these circumstances, the NESP-R program (2 weeks) is not supported by Guidelines and is not medically necessary. There are no unusual circumstances to justify an exception to Guidelines.