MAXIMUS Federal Services

Case Number:	CM15-0196720		
Date Assigned:	10/12/2015	Date of Injury:	08/12/2014
Decision Date:	11/19/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/06/2015

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: Connecticut, California, Virginia
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 44 year old male with a date of injury on 08-12-2014. The injured worker is undergoing treatment for chondromalacia left knee, left knee internal derangement, insomnia and depression, rule out left knee meniscus tear, and knee sprain-strain. A physician note dated 07-08-2015 she has continued knee pain that he rates as a 6 out of 10 with numbness and tingling in the left lower extremity. A diagnostic arthroscopy is recommended. A physician progress note dated 08-26-2015 documents the injured worker has constant left knee pain that radiates to the left lower extremity, and is described as aching and burning. He rates his pain as 7 out of 10 on the Visual Analog Scale. He has difficulties falling asleep due to the pain. On examination there is nonspecific tenderness at the left knee with tenderness in the medial and lateral parapatellar, as well as the medial joint line on the left. Range of motion was normal. He is not working. Treatment to date has included diagnostic studies, medications, physical therapy, and a home exercise program. He takes Ultram and that helps with the pain. The Request for Authorization done on 08-26-2015 includes physical therapy 2 x 3 weeks, surgical intervention, Tramadol, and topical analgesic creams. On 10-05-2015 Utilization Review non-certified the request for Analgesic Topical Cream containing Flurbiprofen 10%, Capsaicin 0.05%, Menthol 5%, Camphor 5% 240gm with 3 refills. Analgesic Topical Cream containing Flurbiprofen 10%, Capsaicin 0.05%, Menthol 5%, Camphor 5% 240gm with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Analgesic Topical Cream containing Flurbiprofen 10%, Capsaicin 0.05%, Menthol 5%, Camphor 5% 240gm with 3 refills: 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: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. The lack of evidence to support use of topical compounds like the one requested coupled with the lack of evidence for failed treatment by other modalities (PT has also been requested) makes the requested treatment not medically necessary.