

Case Number:	CM15-0202126		
Date Assigned:	10/21/2015	Date of Injury:	12/22/2014
Decision Date:	12/03/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/14/2015

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, Oregon, Washington
 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:

This injured worker is a 61 year old female, who sustained an industrial injury on 12-22-2014. The injured worker was diagnosed as having fracture of left patella, right knee sprain-strain and lumbosacral sprain- strain. On medical records dated 08-24-2015 and 07-20-2015, the subjective complaints were noted as low back pain, right and left knee pain. Pain was rated at +6 out of 10. Standing was noted to increased pain. Objective findings were noted as lumbar spine tenderness to palpation, right and left knee tenderness to palpation. Treatments to date included transdermal cream, exercise program and medication. The injured worker was noted to be temporary totally disabled. Current medications were listed as transdermal creams. The Utilization Review (UR) was dated 09-21-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Flurbiprofen 20% #1 and Tramadol 8%, Gabapentin 10%, Menthol 2% Camphor #1 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% #1: 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." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Tramadol 8%, Gabapentin 10%, Menthol 2% Camphor #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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." CA MTUS guidelines state that topical Gabapentin is "not recommended. There is no peer-reviewed literature to support use." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.