

Case Number:	CM15-0207717		
Date Assigned:	10/26/2015	Date of Injury:	08/16/2013
Decision Date:	12/14/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/22/2015

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

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 47 year old male, who sustained an industrial injury on 8-16-13. The injured worker was being treated for right knee internal derangement, right knee medial meniscus tear, right knee pain, right knee sprain-strain and status post-surgery of right knee. On 8-29-15 and 9-2-15, the injured worker complains of right knee pain rated 6-7 out of 10 with medication along with stiffness, heaviness, numbness, tingling and weakness. He notes the pain is relieved with medication and rest. He is currently not working. Physical exam dated 7-29-15 and 9-2-15 revealed tenderness to palpation of the anterior knee, medial knee and posterior knee with muscle spasm of anterior, medial and posterior knee and positive McMurray's sign. Treatment to date has included oral medications including Gabapentin, Protonix, Tramadol and Norco; acupuncture, and activity modifications. The treatment plan included continuation of medications and acupuncture. There is no mention within the documentation of the injured worker utilizing topical creams. On 9-29-15 request for Flurbiprofen 25% Cyclobenzaprine 02% 240gm #1 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% Cyclobenzaprine 02%, 240 gm Qty 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: The patient presents with pain affecting the right knee. The current request is for Flurbiprofen 25% Cyclobenzaprine 02%, 240 gm Qty 1. The MTUS guidelines have the following regarding topical analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines go on to state, "There is no evidence for use of any other muscle relaxant as a topical product." In this case, Cyclobenzaprine is a muscle relaxant and is not recommended as a topical product by the MTUS guidelines. Furthermore, since Cyclobenzaprine is not recommended, the requested topical compound is not recommended. The current request is not medically necessary.