

Case Number:	CM15-0209256		
Date Assigned:	10/28/2015	Date of Injury:	05/21/2012
Decision Date:	12/09/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/23/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old female who sustained an industrial injury on 5-21-12. A review of the medical records indicates that the worker is undergoing treatment for knee pain, low back pain, and osteoarthritis of the knee. Subjective complaints (9-22-15) include imbalance related to her back, left knee weakness and some pain. Objective findings (9-22-15) include an antalgic gait and use of a cane, full extension, positive atrophy of quadriceps, knee flexion of 125 degrees, and patellofemoral crepitus. An urgent care encounter (8-25-15) notes the left knee has 1+ swelling compared to the right knee and pain with patellar compression on quadriceps contraction, back sensation is grossly intact, straight leg raise is negative, there is a significantly diminished patellar reflex, and tenderness to palpation of the right paralumbar muscle L4 with palpable muscle knot. Previous treatment includes diagnostic right lumbar facet medial branch block (6-29-15), and physical therapy (with reported benefit). A request for authorization is dated 9-25-15. The requested treatment of topical cream: Flurbiprofen-Lidocaine-Menthol-Baclofen-Cyclobenzaprine-Hyaluronic Acid for low back and knee was non-certified 10-7-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream: Flurbiprofen/Lidocaine/Menthol/Baclofen/Cyclobenzaprine/Hyaluronic Acid for low back and knee: 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: Topical Cream:

Flurbiprofen/Lidocaine/Menthol/Baclofen/Cyclobenzaprine/Hyaluronic Acid for low back and knee is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Per CA MTUS page 111 states that topical analgesics such as Flurbiprofen, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)". Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary. The request was not specific as to what area the compound cream will be used. Additionally, there is little evidence to utilize topical NSAIDs and Menthol for treatment of pain associated with the spine, hip or shoulder; therefore compounded topical cream is not medically necessary.