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| Case Number: | CM15-0209811 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 01/22/2010 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 10/03/2015 |
| Priority: | Standard | Application Received: | 10/26/2015 |

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: 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 65-year-old male, with a reported date of injury of 01-22-2010. The diagnoses include right knee internal derangement, status post right total knee replacement, right knee pain, and chronic pain-related insomnia. The progress report dated 09-25-2015 indicates that the injured worker complained of pain over his right knee, and he stated that the "ointment" helped a lot with the pain. The injured worker rated his pain 7 out of 10 currently; and since his last visit, the pain score was rated 7 out of 10. Without pain medications, the injured worker rated his pain 10 out of 10, and with pain medications, his pain was rated 7 out of 10. The treating physician stated that the injured worker had improved significantly since the last visit, and the swelling in his lower leg had decreased and he was reportedly feeling better. The objective findings include decreased swelling in the lower leg. The injured worker's work status was not indicated. The progress report dated 09-09-2015 indicates that the injured worker's current pain score was 7-8 out of 10; since the last visit the pain score averaged 8 out of 10; without pain medications, the pain score was rated 8 out of 10; and with pain medications, his pain score was 5 out of 10. The physical examination showed right knee swelling, and tightness and swelling of the right calf. The diagnostic studies to date have included a urine drug screen on 07-01-2015 which was positive for Norco and inconsistent for cyclobenzaprine; a urine drug screen on 03-05-2015; a urine drug screen on 03-31-2015, and a urine drug screen on 01-14-2015. Treatments and evaluation to date have included Norco, Dilaudid, Trepadone, Flurbiprofen/Baclofen/Dexamethasone/Cyclobenzaprine transdermal ointment (since at least 08-2015), Methoderm gel, and Terocin patches. The request for authorization was dated 09-25-

2015. The treating physician requested Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Cyclobenzaprine 2% for 10-day supply, applied to the affected area three times a day to reduce pain and opioid intake. On 10-16-2015, Utilization Review (UR) non-certified the request for Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Cyclobenzaprine 2% for 10-day supply.

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% for 10 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxants and steroid over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent muscle relaxants, topical compounded Baclofen and Cyclobenzaprine posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and steroid medications for this chronic 2010 injury without improved functional outcomes attributable to their use since at least August 2015. The Flurbiprofen 20% Baclofen 10% Dexamethasone 2% Cyclobenzaprine 2% for 10 day supply is not medically necessary and appropriate.