

Case Number:	CM15-0028173		
Date Assigned:	02/20/2015	Date of Injury:	10/29/2008
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/17/2015

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 50 year old male, who sustained an industrial injury on 10/29/2008. The diagnoses have included traumatic injury of the right lower extremity status post surgery and skin grafting, right knee meniscal tear status post arthroscopy, recurrent right knee pain, acute lumbar strain, and right ankle sprain/strain. Noted treatments to date have included surgeries, chiropractic treatment, injections, physical therapy, and medications. Diagnostics to date have included MR Arthrogram of the right knee on 07/10/2014 showed medial extrusion of the body and anterior horn of the medial meniscus and articular cartilage degenerative changes overlying the medial femoral condyle. In a progress note dated 01/21/2015, the injured worker presented with complaints of lower back and right knee pain. The treating physician reported the injured worker is taking over the counter Motrin which is not really controlling the pain effectively. Utilization Review determination on 01/21/2015 non-certified the request for Flurbiprofen/Cyclobenzaprine/Menthol Cream citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Menthol Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with lumbar spine and right knee pain. The current request is for Flurbiprofen/Cyclobenzaprine/Menthol Cream. The treating physician states, "The patient returns today for follow-up with persistent pain in the lower back which he rates at 8/10, it is frequent and worsening radiating down to his right leg with numbness and tingling from the knee down and weakness. He also complains of pain in the right knee at 3/10, it is worsening. The pain is made better with rest and medication." (B.96) The treating physician also states in a report dated 1/21/15 "Today, I would also like to request the Flurbiprofen/Lidocaine cream in attempt to help control his pain further as the Motrin that he is taking, as it does not control his pain sufficiently and it also causes some gastrointestinal upset." (B.74) The MTUS guidelines does not support the usage of cyclobenzaprine in topical products. The current request is not medically necessary and the recommendation is for denial.