MAXIMUS Federal Services

Case Number:	CM15-0212193		
Date Assigned:	11/02/2015	Date of Injury:	10/31/2014
Decision Date:	12/11/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/28/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 43 year old male, who sustained an industrial injury on 10-31-14. The injured worker was diagnosed as having left knee sprain with tear of the anterior cruciate ligament; gastritis due to medications; bilateral heel pain Treatment to date has included status post left knee arthroscopy; ACL reconstruction utilizing an Achilles tendon cadaver allograft, partial lateral meniscectomy (7-14-15); physical therapy; acupuncture; medications. Diagnostics studies included MRI left knee (1-7-15). Currently, the PR-2 notes dated 9-11-15 with a portion of the notes hand written and difficult to decipher. The notes appear to indicate the injured worker is a status post left knee arthroscopy; ACL reconstruction utilizing an Achilles tendon cadaver allograft, partial lateral meniscectomy completed on 7-14-15. The provider notes the injured worker completed 12 physical therapy sessions and an ACL brace is pending. The injured worker is complaining of left knee pain being constant and the provider notes pain level 5 out of 10 to 8 out of 10. He notes frequent swelling with activities. The left knee extension is 20 degrees. The treatment plan is for a compound cream for pain and additional physical therapy. The PR-2 notes dated 7-29-15 indicate the injured worker was prescribed the same compound cream for the same left knee complaints per hand written notes that are difficult to decipher. A Request for Authorization is dated 10-14-15. A Utilization Review letter is dated 10-5-15 and non-certification for Flurbiprofen-menthol-capsaicin-camphor cream. A request for authorization has been received for Flurbiprofen-menthol-capsaicin-camphor cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen-menthol-capsaicin-camphor cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized 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. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Flurbiprofen-menthol-capsaicin-camphor cream in this injured worker, the records do not provide clinical evidence to support medical necessity. Therefore the request is not medically necessary.