

Case Number:	CM15-0220487		
Date Assigned:	11/13/2015	Date of Injury:	07/24/2015
Decision Date:	12/24/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/09/2015

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 Jersey, New York
 Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained an industrial-work injury on 7-24-15. The injured worker was diagnosed as having right knee chondromalacia, right knee internal derangement, right knee medial meniscus tear. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of continuous right knee pain, rated 6 out of 10, that impaired his ADL's (activities of daily living). An assistive device or support was not used. Per the primary physician's progress report (PR-2) on 10-20-15, exam noted dermatome sensation is intact, motor strength is 5- out of 5, right quad deep tendon reflexes are normal and equal bilaterally at 2 out of 2, mild antalgic gait, and mild limp. There is tenderness to palpation of the anterior knee, muscle spasm of the anterior knee, valgus is negative, McMurray's is positive, anterior drawer is negative, and posterior drawer is negative. The Request for Authorization requested service to include Compound medication (Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, and salt stable LS Base), Compound Medication (Gabapentin 15%, amitriptyline 10%, Cyclobenzaprine 2%, and salt stable base) and Chiropractic Physiotherapy 2x week x 2 weeks for the Right Knee. The Utilization Review on 10-28-15 denied the request for Compound medication (Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, and salt stable LS Base), Compound Medication (Gabapentin 15%, amitriptyline 10%, Cyclobenzaprine 2%, and salt stable base) and Chiropractic Physiotherapy 2x week x 2 weeks for the Right Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication (flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, and salt stable LS Base): 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 request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical baclofen is not recommended as per MTUS guidelines as there is no peer-reviewed literature to support its use. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is not medically necessary.

Compound Medication (Gabapentin 15%, amitriptyline 10%, Cyclobenzaprine 2%, and salt stable base): 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 request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. According to MTUS, topical gabapentin is not recommended as there is no peer-reviewed literature to support use. There is no evidence to use muscle relaxants as a topical product. Therefore, the request is not medically necessary.

Chiropractic Physiotherapy 2x week x 2 weeks for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The request is considered not medically necessary. As per MTUS guidelines, manual therapy and manipulation is not recommended for the knee. The patient is not documented to have failed other forms of conservative therapy including physical therapy or oral medications. Therefore, the request is not medically necessary.