

Case Number:	CM15-0221321		
Date Assigned:	11/16/2015	Date of Injury:	02/01/2008
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/10/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on 2-1-2008. The medical records indicate that the injured worker is undergoing treatment for bilateral chondromalacia patellae, left worse than right, left knee with torn medial meniscus; status post failed arthroscopic surgery of the left knee. According to the progress report dated 10-1-2015, the injured worker noted that the first injection helped. The physical examination was documented as "some improvement." The current medications are not specified. Previous diagnostic studies include X-rays, electrodiagnostic testing, and MRI of the left knee. Treatments to date include medication management, physical therapy, chiropractic, Synvisc injections, and surgical intervention. Work status is described as off work. The original utilization review (10-28-2015) had non-certified a request for compound medication: Flurbiprofen, Baclofen, Dex, Pant, Salt and Cyclobenzaprine, Gabapentin, Amit, Salt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Dex/Pant/Salt/ LS, 240gm: 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 injured worker sustained a work related injury on 2-1-2008. The medical records provided indicate the diagnosis of bilateral chondromalacia patellae, left worse than right, left knee with torn medial meniscus; status post failed arthroscopic surgery of the left knee. Treatments have included physical therapy, chiropractic, Synvisc injections, and surgical intervention. The medical records provided for review do not indicate a medical necessity for Flurbiprofen/Baclofen/Dex/Pant/Salt/ LS, 240gm. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The requested treatment is not medically necessary because compounded topical analgesic contains non recommended agents that include Flurbiprofen and Baclofen.

Cyclobenzaprine/Gabapentin/ Amit/ Salt/ LS, 240gm: 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 injured worker sustained a work related injury on 2-1-2008. The medical records provided indicate the diagnosis of bilateral chondromalacia patellae, left worse than right, left knee with torn medial meniscus; status post failed arthroscopic surgery of the left knee. Treatments have included physical therapy, chiropractic, Synvisc injections, and surgical intervention. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine/Gabapentin/ Amit/ Salt/ LS, 240gm. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The requested treatment is not medically necessary because compounded topical analgesic contains non recommended agents that include Cyclobenzaprine and Gabapentin.