

Case Number:	CM15-0033284		
Date Assigned:	02/26/2015	Date of Injury:	11/01/2009
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial injury on 11/01/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include status post stable right knee arthroscopy, tear of medial cartilage or meniscus of the right knee likely post traumatic, right knee osteoarthritis, and compensatory left knee pain. Treatment to date has included laboratory studies, x-rays of the left and right foot, x-rays of the right knee, magnetic resonance imaging of the right knee, pulmonary stress test, physical therapy, injections to the right knee, medication regimen, and status post right knee arthroscopy. In a progress note dated 12/08/2014 the treating provider reports severe, achy pain to the right knee that is rated a nine out of ten along with left knee pain. The documentation provided did not contain the current requested treatment for the compounded topical medication of Flurbiprofen/Tramadol cream. On 01/29/2015 Utilization Review non-certified the requested treatment of the compounded topical medication of Flurbiprofen 20%/Tramadol 20% 180gms, noting the Official Disability Guidelines, Chronic Pain, Medication-Compound Drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical cream Flurbiprofen 20%/Tramadol 20%, 180 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20% and Tramadol 20% #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved. In this case, the injured worker's working diagnoses are status post right knee arthroscopy; tear of medial cartilage or meniscus right knee; osteoarthritis right knee; and compensatory left knee pain. Flurbiprofen is not FDA approved. Any compounded product that contains at least one drug (Flurbiprofen is not FDA approved) is not recommended is not recommended. Consequently, Flurbiprofen 20% and Tramadol 20% #180 g is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20% and Tramadol 20% #180 g is not medically necessary.