

Case Number:	CM15-0039437		
Date Assigned:	03/09/2015	Date of Injury:	01/13/2010
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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
Certification(s)/Specialty: Emergency 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 24 year old male with an industrial injury dated January 13, 2010. The injured worker diagnoses include left knee tenosynovitis, lumbar disc degeneration, sacroiliitis, thoracalgia, probable posttraumatic anxiety and depression, probable post traumatic insomnia, and probable gastritis from medications. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the most recent progress note dated 4/18/2014, the injured worker reported left knee pain, back pain, anxiety, depression, insomnia and gastritis. Physical exam revealed decrease range of motion in the lumbar spine, decrease left knee flexion, positive left straight leg test and bilateral positive Kemp test. The knee test revealed positive medial joint line tenderness, positive Apley's compression and torsion in the seated position and positive McMurray's sign. Treatment plan consist of osteopathic manipulation, electronic muscle stimulation, myofascial release, consultation, continue prescribed medications, increase physical activities and engage in a self-directed aquatic conditioning program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication Flurbiprofen / Lipoderm, provided on September 18, 2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Compound Medication Flurbiprofen / Lipoderm, provided on September 18, 2014, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has left knee pain, back pain, anxiety, depression, insomnia and gastritis. Physical exam revealed decrease range of motion in the lumbar spine, decrease left knee flexion, positive left straight leg test and bilateral positive Kemp test. The knee test revealed positive medial joint line tenderness, positive Apley's compression and torsion in the seated position and positive McMurray's sign. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Compound Medication Flurbiprofen / Lipoderm, provided on September 18, 2014 is not medically necessary.

Compound Medications Cyclobenzaprine / Gabapentin / Lipoderm, provided on September 18, 2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Compound Medications Cyclobenzaprine / Gabapentin / Lipoderm, provided on September 18, 2014, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has left knee pain, back pain, anxiety, depression, insomnia and gastritis. Physical exam revealed decrease range of motion in the lumbar spine, decrease left knee flexion, positive left straight leg test and bilateral positive Kemp test. The knee test revealed positive medial joint line tenderness, positive Apley's compression and torsion in the seated position and positive McMurray's sign. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Compound Medications Cyclobenzaprine / Gabapentin / Lipoderm, provided on September 18, 2014 is not medically necessary.

