

Case Number:	CM15-0040474		
Date Assigned:	03/10/2015	Date of Injury:	05/12/2010
Decision Date:	04/17/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 39-year-old male, who sustained an industrial injury on 05/12/2010. On provider visit dated 01/27/2015 the injured worker has reported right knee pain and lumbar spine pain. He is status post 3 knee surgeries. On examination, he was noted to have antalgic gait, tenderness and decreased range of motion of right knee. The diagnoses have included status post right knee arthroscopy 08/20/2011 and 02/13/2014. Treatment to date has included chiropractic therapy, physical therapy, acupuncture and medications. Utilization Review on 2/4/15 non-certified the request for cyclobenzaprine/tramadol cream and Ibuprofen tablets. The request for right knee magnetic resonance arthrogram was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine, Tramadol cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that muscle relaxants are not supported in a topical formulation. The request for Cyclobenzaprine, Tramadol cream is therefore not medically necessary.

Ibuprofen 200 mg tablets 1 tablet by mouth 3 times a day as needed: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Ibuprofen Page(s): 21-22, 71.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker is status post multiple knee surgeries and is pending additional diagnostic studies. There continues to be tenderness of the knee and the request for a first line anti-inflammatory medication is supported. The request for Ibuprofen 200 mg tablets 1 tablet by mouth 3 times a day as needed is medically necessary.