

Case Number:	CM15-0041622		
Date Assigned:	03/11/2015	Date of Injury:	10/26/1999
Decision Date:	05/05/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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 62-year-old female, who sustained an industrial injury on 10/26/1999. The injured worker is currently diagnosed as having internal derangement of knee and obesity. Treatment to date has included bilateral total knee replacements, right knee MRI, left knee x-rays, physical therapy, home exercise program, and medications. In a progress note dated 12/10/2014, the injured worker presented with complaints of right and left knee pain. The treating physician reported prescribing Flurbiprofen cream, Gabapentin, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Gabapentin 10percent 150gram cream for 30-day supply: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines, topical analgesics are mostly experimental with poor evidence to support efficacy or safety. Gabapentin is an antiepileptic, FDA approved for oral use only. There is no evidence to support the use of a non-FDA approved topical compounded gabapentin. It is not recommended by MTUS guidelines. Topical gabapentin is not medically necessary.

Retro Cyclobenzaprine 10 percent 150 gram cream for 30-day supply: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines, topical analgesics are mostly experimental with poor evidence to support efficacy or safety. Cyclobenzaprine is a muscle relaxant, FDA approved for oral use only. There is no evidence to support the use of a non-FDA approved topical compounded cyclobenzaprine. It is not recommended by MTUS guidelines. Topical Cyclobenzaprine is not medically necessary.

Retro Flurbiprofen 20 percent 150 gram cream for 30-day supply: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines, topical analgesics are mostly experimental with poor evidence to support efficacy or safety. Flurbiprofen is an NSAID. Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary.