

Case Number:	CM15-0044546		
Date Assigned:	03/16/2015	Date of Injury:	12/16/2009
Decision Date:	04/23/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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 38 year old male, who sustained an industrial injury on 12/16/09. He has reported continuous trauma injury to the right knee working as a cabinet installer. The diagnoses have included complex regional syndrome, cervical spine strain and right shoulder impingement. Treatment to date has included medications, physical therapy, lumbar sympathetic epidural catheter, Transcutaneous Electrical Nerve Stimulation (TENS), bracing, aquatic therapy and diagnostics. Surgery has included anterior cruciate ligament reconstruction with partial medial and or lateral meniscectomy and chondroplasty due to instability of the knee. Currently, as per the physician evaluation note dated 1/8/15, the injured worker complains of neck, bilateral shoulder, right wrist, low back and right knee pain. The current medications included Norco, Ibuprofen, Omeprazole, Buspirone, Citalopram, Prazosin, Temazepam and APAP/Butrol. He also complains of numbness of the right hand with radiation of pain to bilateral trapezii. The pain is rated 6-7/10. He also complains of constant tender spots in the right knee. Physical exam revealed tenderness to palpation of the cervical spine and bilateral trapezii and decreased range of motion. The bilateral wrists had decreased range of motion with pain on the right and decreased sensation. The lumbar spine revealed tenderness to palpation and decreased range of motion. The right knee exam revealed flexion with pain, crepitation, cracking and grinding. Work status was temporary totally disabled. The current Treatment Plan included additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 25% 180gm-cepsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines compound creams.

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

Decision rationale: This patient receives treatment for chronic pain since experiencing a work-related injury on 12/16/2009. The medical diagnoses include chronic neck pain and right shoulder impingement syndrome. This review addresses a compounded topical analgesic. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Cyclobenzaprine is a muscle relaxer. A muscle relaxer is not recommended to be used in its topical form. Flurbiprofen is an NSAID. No NSAID is recommended in its topical form for chronic pain. Gabapentin is an anti-epileptic drug (AED). AEDs are not recommended to treat chronic pain in its topical form. This compounded product is not medically necessary.