

Case Number:	CM15-0053842		
Date Assigned:	03/27/2015	Date of Injury:	12/26/2008
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/20/2015

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 64-year-old female, who sustained an industrial injury on 11/26/2008. Initial complaints/symptoms reported included right knee pain. The injured worker was diagnosed as having meniscal tear of the right knee (several years after initial injury). Treatment to date has included conservative care, medications, and injections to the right knee, arthroscopic surgery to the right knee, physical therapy, and x-rays and MRIs for the right knee. Currently, the injured worker complains of right knee pain, which was almost completely resolved after receiving the injections to the right knee. The improvement in pain in the right knee has resulted in the injured worker reducing oral pain medications, increased activity, better sleep and continues working full time without restrictions. Diagnoses include right knee pain and status post arthroscopy. The treatment plan consisted of continuation of topical compound medications (topical cyclobenzaprine 2% and flurbiprofen 25%) and (topical capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2%), continued tramadol, platelet-rich plasma (PRP) injections, possible right lumbar sympathetic ganglion block, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cyclobenzaprine 2%, Flurbiprofen 25%, 180grams with 2 refills: 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 Analgesic Page(s): 111-113.

Decision rationale: As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: 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. It is also prescribed with another topical compounded product containing flurbiprofen leading to risk for toxicity. Flurbiprofen is not medically necessary. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 3) Camphor/Menthol: Non active fillers that may have some topical soothing properties. 4) Gabapentin: An anti-epileptic medication only FDA approved for oral use. There is no evidence to support its efficacy or safety in topical application. It is not recommended. Therefore, this request is not medically necessary.

Topical Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180grams with 2 refills: Upheld

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