

Case Number:	CM15-0083589		
Date Assigned:	05/05/2015	Date of Injury:	04/10/2012
Decision Date:	08/31/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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: Arizona, 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 59 year old male, who sustained an industrial injury on April 10, 2012. The injured worker reported trip and fall off truck injuring feet and knees. The injured worker was diagnosed as having end stage osteoarthritis of the right knee and bilateral total knee replacement. Treatment to date has included x-rays, knee braces, cane, surgery and medication. A progress note dated February 27, 2015 provides the injured worker complains of right knee pain rated 3 out of 10. He reports the knee has given out on him twice. He reports he is improving with use of medication, ice and physiotherapy. Physical exam notes surgical scars bilaterally on knees. The right knee is minimally tenderness to palpation. It is noted both knees are doing very well. The plan includes lab work and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Creams, 120g with 1 refill (Flurbiprofen 10% Capsaicin 0.05%, Menthol 5%, Camphor 5%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flubiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant although the claimant has arthritis, long term use is not indicated. There are diminishing effects after 2 weeks. The compound was given with additional refills. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. According to the MTUS guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. Since the compound in question has the above ingredients, the Flurbiprofen 10% Capsaicin 0.05%, Menthol 5%, Camphor 5%) is not medically necessary.

Urine Drug Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indicators and predictors of possible misuse of controlled substances and /or addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine testing Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.