

Case Number:	CM14-0091870		
Date Assigned:	07/25/2014	Date of Injury:	09/07/2005
Decision Date:	09/17/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/17/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 61 year-old injured worker who sustained an injury on 9/7/05 while employed by [REDACTED]. Request(s) under consideration include Topical Compound Flurbiprofen 20% Tramadol 20% 210gm and Compound Flurbiprofen 20% Tramadol 20% 210gm. Diagnoses included bilateral knee chondromalacia patella; bilateral degenerative knee joint disease; and status post right knee arthroscopy in 2012. Report dated 5/13/14, noted the patient is treating for neck, lower back, bilateral upper and lower extremity injuries. The patient has ongoing bilateral knee pain, utilizing single point cane for ambulation. The exam showed positive bilateral patellofemoral crepitus with motion as well as weakness and tenderness to palpation of medial and lateral knee joints with meniscal derangement. Conservative care has included medications, physical therapy, chiropractic treatment, epidural injections, and activity modification/rest. Treatment included topical compounds. The request(s) for Topical Compound Flurbiprofen 20% Tramadol 20% 210gm and Compound Flurbiprofen 20% Tramadol 20% 210gm were non-certified on 5/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Flurbiprofen 20% Tramadol 20% 210gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral non-steroidal anti-inflammatory drugs (NSAIDs) or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2005 without documented functional improvement from treatment already rendered. The Compound Flurbiprofen 20% Tramadol 20% 210gm is not medically necessary and appropriate.

Compound Amitriptyline 10% Dextomethorphan 10% Gabapentin 10% 210gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral non-steroidal anti-inflammatory drugs (NSAIDs) or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. The Compound Amitriptyline 10% Dextomethorphan 10% Gabapentin 10% 210gm is not medically necessary and appropriate.