

Case Number:	CM14-0092939		
Date Assigned:	09/10/2014	Date of Injury:	08/19/2013
Decision Date:	10/06/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 28 year old male with an injury date of 08/19/13. Based on 04/23/14 progress report provided, the patient complains of pain in the right knee aggravated with kneeling and squatting. Physical exam to the right shows decreased range of motion: extension 5 degrees and flexion 120 degrees. McMurray's test is positive. There is medial tenderness. Diagnosis 04/23/14:- internal derangement of knee unspecified - sprain of knee and leg- sprain/strain right knee/leg- low back pain. Provider is requesting Retrospective Flurbiprofen Powder 10% #120(Capsaicin Powder 0.025%, Menthol 2%, Camphor Crystals 1%, Ultraderm Base Cream). The utilization review determination being challenged is dated 05/30/14. The rationale is "guidelines do not support topical use of NSAID ibuprofen, and capsaicin is only indicated for neuropathic pain, which is not documented."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen Powder 10% #120(Capsaicin Powder 0.025%, Menthol 2%, Camphor Crystals 1%, Ultraderm Base Cream): Upheld

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

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

Decision rationale: The patient complains of pain in the right knee aggravated with kneeling and squatting. The request is for Retrospective Flurbiprofen Powder 10% #120(Capsaicin Powder 0.025%, Menthol 2%, Camphor Crystals 1%, Ultraderm Base Cream). Flurbiprofen contains topical non-steroidal anti-inflammatory drug (NSAID). MTUS supports topical NSAID for peripheral arthritic/tendinitis pains which this patient suffers from. However, there is no support for other ingredients such as Camphor and Ultraderm base Cream. MTUS page 111 states that if one of the components of compounded product is not supported, then the entire compound is not indicated. Furthermore, there is no documentation regarding efficacy of these products. Page 60 of MTUS require recording of pain and function when medications are used for chronic pain. Given the lack of documentation of pain and functional improvement with these topical, the request is not medically necessary.