

Case Number:	CM14-0093430		
Date Assigned:	07/30/2014	Date of Injury:	04/29/2013
Decision Date:	10/16/2014	UR Denial Date:	06/09/2014
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 and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 54-year-old female who reported an injury on 04/29/2013. The mechanism of injury was a slip and fall. The diagnoses included a tear of the lateral meniscal knee, sprain/strain of the medial collateral ligament, sprain/strain of the knee/leg, tear of the medial meniscal knee. The previous treatments included medication. Within the clinical note dated 04/25/2014, it was reported the injured worker complained of right knee pain. She reported the pain was constant. She rated her pain 6/10 in severity. The pain radiated to her right leg with numbness and tingling sensation. Upon the physical examination, the provider noted the injured worker had tenderness to palpation of the right sacroiliac joint. The range of motion of the thoracolumbar spine was flexion at 35 degrees and extension at 15 degrees. The provider noted the injured worker had tenderness to palpation of the right infrapatellar and right popliteal fossa. There was a positive McMurray's and Valgus test noted. The provider requested compounded creams. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Creams: Cyclobenzaprine 2%, Gabapentin 10%, Flurbiprofen 15% 180gm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 72, 111-112.

Decision rationale: The request for Compound Creams: Cyclobenzaprine 2%, Gabapentin 10%, Flurbiprofen 15% 180gm is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The guidelines note gabapentin is not recommended for topical treatment. Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site of the medication. Therefore, the request is not medically necessary.

Compound Creams: Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical, Page(s): 72, 111-112.

Decision rationale: The request for Compound Creams: Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180gm is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Capsaicin is only recommended for injured workers who are intolerant or have failed in other treatments. Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 04/2014 which exceeds the guidelines recommendations of short term use. Therefore, the request is not medically necessary.