

Case Number:	CM13-0050921		
Date Assigned:	12/27/2013	Date of Injury:	10/16/2002
Decision Date:	02/28/2015	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/13/2013

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 62 year old female with a date of injury of October 16, 2002. Results of the injury include the right knee. Diagnosis include right knee internal derangement, medial lateral, superimposed degenerative joint disease, and right knee deterioration. Treatment has included arthroscopic partial medial meniscectomy, right knee, right knee arthroscopic partial medial meniscectomy, partial lateral meniscectomy, synovectomy, and debridement, right knee arthroscopic chondroplasty patellofemoral joint lateral release, and physical therapy. Magnetic resonance Imaging (MRI) arthrogram of the right knee dated November 20, 2003 revealed focal areas of cartilage thinning; subchondral cortical irregularity medial and lateral femoral condyles, greater medially, consistent with chronomalacic changes and possible old mild impaction fracture deformities. X-rays of the right knee dated April 27, 2005 were within normal limits. MRI scan of the right knee dated October 4, 2011 revealed degeneration right medial meniscus but no tear; narrowed medial joint consistent with degenerative joint disease; joint effusion; bone edema medial tibial plateau. MRI arthrogram right knee dated October 21, 2013 revealed loss of medial meniscus and severe narrowing of medial joint compartment; severe bony edema femoral condyle and tibial plateau. Progress report dated December 5, 2013 showed atrophy of the thigh. There was thickening of the synovium. There was a cyst in the popliteal space with decreased range of motion of the right knee. There was tenderness and pain well localized over the medial joint line and along the medial border of the patella. Work status was noted as permanent and stationary. The treatment plan was for further surgery of the right knee. Utilization review form

dated November 6, 2013 non certified RETRO tramadol 15 percent with Dextromethorpan 10 percent Capsaicin 0.025 percent cream lipobase 30 gm and RETRO flubiprofen 20 percent Lido 5 percent, Menthol 5 percent, Camphor 1 percent, Capsaicin 0.025 percent cream 10 gm due to noncompliance with MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO DOS: 10/3/13: TRAMADOL 15% WITH DEXTROMETHORPHAN 10% CAPSAICIN 0.025% CREAM LIPOBASE 30GM: 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 Analgesics Page(s): page(s) 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case and does not meet MTUS guidelines

RETRO DOS: 10/3/13: FLURBIPROFEN 20% LIDO 5%, MENTHOL 5%, CAMPHOR 1%, CAPSAICIN 0.025% CREAM 10GM: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): page(s) 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain

in joints. FLURBIPROFEN would not be indicated for topical use in this case and does not meet MTUS guidelines.