

Case Number:	CM14-0210660		
Date Assigned:	12/23/2014	Date of Injury:	05/28/2013
Decision Date:	02/27/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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:

This patient is a 38 year old employee with date of injury of 5/28/13. Medical records indicate the patient is undergoing treatment for s/p left knee arthroscopy and a new 12 day old right ankle fracture which is a supination-external rotation type IV equivalent as a result of offloading the operative extremity. He is s/p left knee synovitis. Subjective complaints include: he had 80-90% pain relief following a corticosteroid injection although the relief was temporary. Objective findings include left knee swelling; no calf tenderness; negative Homan's; range of motion is from 0-120 degrees; 4/5 strength in quadriceps and hamstrings; right ankle has moderate swelling; tenderness to palpation of distal fibula; non tender to palpation over the medial malleolus but has tenderness over the deltoid ligament and ecchymosis medially. Treatment has consisted of Pt (2 visits); corticosteroid injection and of Topical Compound Cream MPC I-Flurbiprofon 20%/ Baclofen10%/ Dexam ethasone 2% in Cream Base 210Gms. The utilization review determination was rendered on 12/1/14 recommending non-certification of Topical Compound Cream MPC I-Flurbiprofon 20%/ Baclofen10%/ Dexam ethasone 2% in Cream Base 210Gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Cream MPC I-Flurbiprofon 20%/ Baclofen10%/ Dexam ethasone 2% in Cream Base 210Gms: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends 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 topical Baclofen is "Not recommended." As such, the request for Topical Compound Cream MPC I-Flurbiprofon 20%/ Baclofen10%/ Dexam ethasone 2% in Cream Base 210Gms is not medically necessary.