

Case Number:	CM14-0092506		
Date Assigned:	07/25/2014	Date of Injury:	12/13/2004
Decision Date:	06/11/2015	UR Denial Date:	05/13/2014
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. 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 58 year old male, who sustained an industrial injury on December 13, 2004. He reported climbing down the stairway of a machine he was operating, slipping, losing his balance and twisting his left knee with immediate onset of pain. The injured worker was diagnosed as having lumbar sprain/strain, lumbago, chronic pain syndrome, internal derangement of bilateral knees status post bilateral total knee replacements, chronic pain related insomnia, and chronic pain related weight gain and obesity. Treatment to date has included x-rays, crutches, bracing, physical therapy, MRIs, cortisone injections, bilateral total knee replacements, and medication. Currently, the injured worker complains of low back pain and left leg pain. The Primary Treating Physician's report dated April 18, 2014, noted the injured worker reported his pain at a 2/10 with medications, and a 7/10 without medications, with 0 being no pain and 10 being the worst pain imaginable. A urine drug screen (UDS) on March 18, 2014, was noted to be negative for all medications. An x-ray of the left knee on March 31, 2014, was noted to show an intact appearing total left knee prosthesis, with the study otherwise unremarkable. The treatment plan noted the injured worker was doing well, with plan to continue current protocol as it provided pain relief and improved function, with a request for authorization for a urine drug screen (UDS), refill medications including Ibuprofen, Neurontin, Sintralyn, Trepadone, with discontinuation of Flurbidol ointment and start of Fluriflex ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Fluriflex Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding Fluriflex Ointment, Other Muscles Relaxants, Topical Analgesics, Compounds, Topical NSAIDs.

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

Decision rationale: Unknown prescription of Fluriflex Ointment is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary.