

Case Number:	CM15-0113168		
Date Assigned:	06/19/2015	Date of Injury:	05/28/2013
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/11/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old male, who sustained an industrial injury on 05/28/2013. He has reported subsequent low back, left ankle and bilateral knee pain and was diagnosed with lumbar strain with compensatory antalgic gait pattern, left ankle status post arthroscopy and right greater than left patellofemoral pain, right knee chondromalacia and medial meniscal degeneration. Treatment to date has included medication, application of ice, physical therapy, home exercise program and surgery. In a progress note dated 05/05/2015, the injured worker complained of left ankle pain and right sided knee discomfort following pivoting, twisting or knee bends. Objective findings were notable for trace tenderness to palpation of the lumbar paraspinal muscles and trace tenderness to palpation of the anterior lateral joint line of the left ankle. The physician noted that the injured worker had tried over the counter Tylenol and prescription NSAID's but that due to chronic oral medication use the physician wanted to commence with a trial of topical medication. A request for authorization of Flurbiprofen/Cyclobenzaprine/Lidocaine cream quantity of 4 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% - Cyclobenzaprine 4% - Lidocaine 5% 120gm (tubes) Qty: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients Moreover the ingredient Cyclobenzaprine is specifically not recommended by this guideline for topical use. This request is not medically necessary.