

<b>Case Number:</b>	CM15-0118636		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45 year old female, who sustained an industrial injury on 1/26/12. She reported initial complaints of right knee injury. The injured worker was diagnosed as having right knee patella fracture; right knee patellofemoral pain with chondromalacia and patellar tendinitis. Treatment to date has included status post right knee arthroscopy, anterior synovectomy, medial lateral compartment with excision medial plica/patellar chondroplasty (6/20/13); physical therapy; right knee brace; right knee injection (12/30/13); medications. Currently, the PR-2 notes dated 5/6/15 indicated the injured worker complains of an increase in right anterior medial greater than lateral aching pain and frequent catching sensation. She continues home exercise program and brace use, however, noted discomfort towards the end of the day with prolonged weight bearing and crouching. She notes previous steroid injection gave no relief and inquires of Viscosupplementation. She has a history of previous right knee arthroscopy surgery with evidence of chondromalacia. On physical examination there is no swelling, warmth or effusion. She has mild tender to palpation about the patellar tendon as well as medial joint line greater than the lateral joint line. Positive crepitus is noted but negative grind test and a negative Homan's. On this day, the provider applied a topical compound of Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% to the injured worker's right anterior knee and notes she tolerated is well without any complications. The provider is requesting Supartz injections to the right knee (series of 5) and Compound cream: Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, 120gm with 3 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Supartz injections to right knee times 5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

**Decision rationale:** The claimant sustained a work injury in January 2012 and continues to be treated for right knee pain. She underwent arthroscopic surgery in June 2013 with synovectomy and chondroplasty. She has a history of a right patellar fracture. She has intolerance of non-steroidal anti-inflammatory medication. When seen, there was mild patellar and joint line tenderness. There was crepitus. Topical medication was provided. Authorization for viscosupplementation injections was requested. Diagnoses were patellofemoral pain with chondromalacia and patellar tendinitis. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. There is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). In this case, the claimant has findings of chondromalacia with patellar tendinitis. The requested series of injections was not medically necessary.

### **Compound cream: Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, 120gm with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant sustained a work injury in January 2012 and continues to be treated for right knee pain. She underwent arthroscopic surgery in June 2013 with synovectomy and chondroplasty. She has a history of a right patellar fracture. She has intolerance of non-steroidal anti-inflammatory medication. When seen, there was mild patellar and joint line tenderness. There was crepitus. Topical medication was provided. Authorization for viscosupplementation injections was requested. Diagnoses were patellofemoral pain with chondromalacia and patellar tendinitis. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded

medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.