MAXIMUS Federal Services

Case Number:	CM15-0122183		
Date Assigned:	07/06/2015	Date of Injury:	02/27/2013
Decision Date:	07/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/24/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 46 year old male patient who sustained an industrial injury on 02/27/2013. The worker was employed as a technician he was stepping out of the company truck and his left knee gave way casing him to fall forward with resulting injury. He had immediate onset of pain and swelling to the left knee. He was evaluated taken off from work duty and underwent diagnostic testing. Thereafter with persistent pain he was consulted by an orthopedist who recommended surgical intervention. Subsequently he underwent repair in May 2013. The patient did receive post-operative physical therapy session and the subjective complaint remained. An initial pain management evaluation dated 05/19/2015 reported current complaints of constant left knee pain rated a 7 out of 10 in intensity using medications and a 10 in intensity without medications. The patient has undergone multiple knee surgery to both right and left knees. The patient was diagnosed with having chronic left knee pain status post multiple surgeries with posttraumatic arthrosis. The plan of care noted the patient continuing with orthopedic follow up considering a possible surgery, receive injections and long term narcotic was initiated; MS Contin 15mg every 12 hours for baseline pain relief. Norco 10/325mg QID for breakthrough pain is to continue. He will utilize compound analgesic cream and return for follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% and Lidocaine 5% 180gm jar: 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): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use as a compound agent. Therefore, the request is not certified.