

Case Number:	CM15-0144465		
Date Assigned:	08/05/2015	Date of Injury:	12/15/2011
Decision Date:	10/08/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Most of the medical reports were in illegible handwriting. The injured worker is a 31 year old male who sustained an industrial injury dated 12-15-11. In a progress report dated 6-8-15, the treating physician notes complaints of pain of the knee and lumbar spine. He takes Ibuprofen if needed. Pain is not constant but when the knee is painful, he needs to stop what he is doing. There is tenderness to the lateral joint and pain with attempted squatting. Effusion is noted and McMurray's is positive. The diagnosis is left knee sprain. An MRI of the left knee done 7-1-15 reveals partial tear through the anterior cruciate ligament and tear in the body of the lateral meniscus. The requested treatment is FLBC Cream 360 grams consisting of Flurbiprofen USP 54 grams, Lidocaine USP 18 grams, Baclofen USP 7.2 grams, Liquigel complex 1.44 grams, PCCA Lipoderm (TM) base 360 grams, Propylene Glycol USP 36 wet, and Cyclobenzaprine Hydrochloride USP 7.2 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLBC cream 360 gms consisting of Flurbiprofen USP 54gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 12-15-11. The medical records provided indicate the diagnosis of left knee sprain. Treatments have included Ibuprofen. The medical records provided for review do not indicate a medical necessity for FLBC cream 360 gms consisting of Flurbiprofen USP 54gm. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Flurbiprofen is not medically necessary.

Lidocaine USP 18gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 12-15-11. The medical records provided indicate the diagnosis of left knee sprain. Treatments have included Ibuprofen. The medical records provided for review do not indicate a medical necessity for Lidocaine USP 18gm. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Lidocaine is not medically necessary in any other formulation besides the 5% Lidocaine as Lidoderm patch.

Baclofen USP 7.2 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 12-15-11. The medical records provided indicate the diagnosis of left knee sprain. Treatments have included Ibuprofen. The medical records provided for review do not indicate a medical necessity for Baclofen USP 7.2 gm. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Baclofen is not medically necessary.

Liquigel complex 1.44 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 12-15-11. The medical records provided indicate the diagnosis of left knee sprain. Treatments have included Ibuprofen. The medical records provided for review do not indicate a medical necessity for Liquigel complex 1.44 gm. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Liquigel complex is an eye drop containing carboxymethylcellulose, it is not medically necessary.

PCCA Lipoderm (TM) base 360 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 12-15-11. The medical records provided indicate the diagnosis of left knee sprain. Treatments have included Ibuprofen. The medical records provided for review do not indicate a medical necessity for PCCA Lipoderm (TM) base 360 gm. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Lipoderm is an orphan drug; the MTUS states, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The requested treatment is not medically necessary.

Propylene Glycol USP 36 wet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 12-15-11. The medical records provided indicate the diagnosis of left knee sprain. Treatments have included Ibuprofen. The medical records provided for review do not indicate a medical necessity for

Propylene Glycol USP 36 wet. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Propylene Glycol is not medically necessary.

Cyclobenzaprine Hydrochloride USP 7.2 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 12-15-11. The medical records provided indicate the diagnosis of left knee sprain. Treatments have included Ibuprofen. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine Hydrochloride USP 7.2 gm. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended Cyclobenzaprine Hydrochloride is not recommended.