

Case Number:	CM15-0064348		
Date Assigned:	04/10/2015	Date of Injury:	10/29/2008
Decision Date:	05/13/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/06/2015

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, California
 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:

This is a 50-year-old male patient who sustained an industrial injury on 10/24/08. He sustained the injury due to pinned in between two cars. The diagnoses have included dramatic injury right lower extremity status post- surgery and skin grafting, status post right knee arthroscopic meniscectomy, recurrent right knee pain, lumbar strain, and right ankle sprain. Per the physician progress note dated 2/27/15, he had complains of lumbar spine and right knee pain. The back pain was rated 5/10 on pain scale and 6/10 with increased activity. He notes that chiropractic care was of benefit. The right knee pain was rated 7-8/10 on pain scale and increased to 9/10 with activities. The physical examination revealed right knee- loss of range of motion and multiple surgical scars. The medications list includes tramadol, naproxen, gabapentin and Compound topical cream. He has undergone right fibular head surgery on 10/30/2008, skin grafting on 11/4/2008 and right knee arthroscopic meniscectomy in 2012. He has had right knee MRI on 3/15/2013 and X-rays of the right knee in 12/2013. He has had physical therapy, chiropractic care and home exercise program (HEP) for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: flurbiprofen/cyclobenzaprine/menthol cream (20%/10%/4%):
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Request: Compound medication: flurbiprofen/cyclobenzaprine/menthol cream (20%/10%/4%). Flurbiprofen is an NSAID and cyclobenzaprine is a muscle relaxant. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants." (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. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and cyclobenzaprine are not recommended by cited guidelines for topical use as cited below because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of compound medication: flurbiprofen/cyclobenzaprine/menthol cream (20%/10%/4%) is not fully established for this patient. Therefore, this request is not medically necessary.