

Case Number:	CM15-0079947		
Date Assigned:	04/30/2015	Date of Injury:	09/09/1992
Decision Date:	06/01/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/27/2015

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 48-year-old female, who sustained an industrial injury on 9/9/1992. The current diagnoses are status post left knee arthroscopic lateral meniscectomy, synovectomy, and chondroplasty and left knee pes anserinus bursitis. According to the progress report dated 3/21/2015, the injured worker complains of pain in the medial aspect of her left knee. The current medications are Percocet and Voltaren. Treatment to date has included medication management, hot packs, MRI studies, brace, physical therapy, massage, stretching, injections, and surgical intervention. The plan of care includes prescription for compound medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Flur 10%, Baclofen 2%, Cyclo 2%, Lido 5%, Amantadine 10% with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in September 1992 and continues to be treated for left knee pain. Treatments have included left knee arthroscopic surgery with a meniscectomy done in January 2015. When seen, there was medial joint line and medial collateral ligament tenderness. A brace was recommended and medications prescribed. This request is for a compounded topical medication with components including baclofen, cyclobenzaprine, amantadine, lidocaine, and Flurbiprofen. In terms of these medications, Baclofen and cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, gaba agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amantadine 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.