

Case Number:	CM14-0155659		
Date Assigned:	09/25/2014	Date of Injury:	07/03/2011
Decision Date:	11/05/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 73-year-old woman sustained a work-related injury on July 3, 2011. Subsequently she developed chronic low back, left hip, and left lower arm pain. The patient's prior treatment included TENS, acupuncture and topical creams. According to a progress report dated March 31, 2014, the patient has been complaining of increased left knee pain. The patient has been treated for her right knee. The patient has been allowed for right knee cortisone and Synvisc injection. The patient stated that her left knee pain is greater than her right. Physical examination of the right knee revealed mild pain in the medial and lateral joint line. There is diffuse pain in the left knee with effusion. Negative Lachman's test bilaterally. McMurray's test revealed pain in the left knee, medially. The patient was diagnosed with right knee degenerative arthrosis with osteochondral defects of the patella and medial femoral condyle, with possible lateral meniscal tear. The provider requested authorization to use Cyclobenzaprine and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, #60: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111) topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of knee pain. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications. Therefore, Cyclobenzaprine 2% cream is not medically necessary.

Ibuprofen 10%, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Page(s): 111..

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111) topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There are no controlled studies supporting that all components of the proposed topical treatment are effective for pain management (in topical forms). There is no documentation of failure of first line therapy for pain such as antiepileptic in this case. Therefore, Ibuprofen 10% is not medically necessary.