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| Case Number: | CM13-0011400 | | |
| Date Assigned: | 03/24/2014 | Date of Injury: | 02/25/2009 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 07/16/2013 |
| Priority: | Standard | Application Received: | 08/14/2013 |

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 Occupational Medicine, and is licensed to practice in California. 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:

According to the records made available for review, this is a 59-year-old male with a 2/25/09 date of injury, status post right knee replacement 5/2011, and status post left knee replacement 9/2012. At the time (7/16/13) of request for authorization for Xoten-C pain relief gel 120 ml, there is documentation of subjective (increased pain in both knees, left greater than right, pain rated 6/10) and objective (diffuse tenderness to palpation over the bilateral knees, mild soft tissue swelling and crepitus, decreased ROM) findings, current diagnoses (status post right knee replacement 5/2011 and left knee replacement 9/2012), and treatment to date (activity modification and medications (Ultram, Anaprox, and Prilosec). There is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

XOTEN-C PAIN RELIEF GEL 120ML: 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.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of status post right knee replacement 5/2011 and left knee replacement 9/2012. However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Xoten-C pain relief gel 120 ml is not medically necessary.