

Case Number:	CM13-0015020		
Date Assigned:	10/04/2013	Date of Injury:	08/08/2011
Decision Date:	02/14/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and Pulmonary Diseases, 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 physician 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 43-year-old injured worker who reported a work-related injury on 03/08/2011. The specific mechanism of injury was not stated. Subsequently, the patient presents for treatment of the following diagnoses: right knee status post laceration with internal derangement, right hip sprain/strain with internal derangement, lumbar spine sprain/strain, rule out discopathy, and insomnia. The clinical note dated 08/21/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with complaints of increased pain to the low back, hip, and right knee. The patient reports locking of the right knee, which elicits increased pain. The provider documents the patient rates their pain at a 7/10 to 8/10. Upon physical exam, the patient had decreased range of motion, increased tenderness upon palpation at the L3 to S1 paraspinal musculature, tenderness upon palpation of the bilateral hips, buttocks, decreased range of motion, and increased tenderness to the medial lateral joint line of the right knee. The provider documented the patient's medication regimen was dispensed, which included Alprazolam 1 mg, Cyclobenzaprine 7.5 mg, Hydrocodone 10/325, Tizanidine 4 mg, Tramadol 150 mg, Zolpidem 10 mg, as well as compounded topical analgesics that include Capsaicin, Diclofenac, Tramadol, Flurbiprofen, Lidocaine, and Dexamethasone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for topical compound medication, Capsaicin 0.0375%/ Menthol 2%/ Camphor 2%/ Diclofenac 20%/ Tramadol 10%/ Ketoprofen 10%, Lipoderm Base: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Physician Reviewer's decision rationale: The clinical documentation submitted for review reports the patient continues to present with chronic lumbar spine pain complaints, right hip, and right knee pain status post an unspecified work-related injury sustained in 08/2011. The California MTUS Chronic Pain Medical Treatment Guidelines, indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. However, there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended therefore is not recommended. The request for topical compound medication, Capsaicin 0.0375%/ Menthol 2%/ Camphor 2%/ Diclofenac 20%/ Tramadol 10%/ Ketoprofen 10%, Lipoderm Base, is not medically necessary and appropriate.