

Case Number:	CM13-0026614		
Date Assigned:	11/22/2013	Date of Injury:	05/15/2012
Decision Date:	02/10/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

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 Cardiology, was Fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas. 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 57-year-old male who reported an injury on 5/15/12. The patient is diagnosed with severe arthritis and internal derangement of the bilateral knees, disc herniation with radiculopathy at L4 through S1, and impingement syndrome with sprain and bursitis in the right shoulder. The patient was seen by [REDACTED] on 11/5/13. Physical examination revealed positive MFC, positive MJC, positive patellofemoral pain, 2+ swelling, and diminished range of motion. Treatment recommendations included home physical therapy and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

30gms of Tramadol cream compound: 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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials having taken place to determine

efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the clinical notes submitted, there is no indication of neuropathic pain on physical examination. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. The patient has continuously utilized this medication, and despite the ongoing use, the patient continues to report right knee pain with swelling. There was no documentation of a significant change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.