

Case Number:	CM13-0033727		
Date Assigned:	12/06/2013	Date of Injury:	10/20/2008
Decision Date:	03/18/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/10/2013

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 51-year-old female who sustained a work related injury on 10/20/08. The patient's diagnoses included left knee neuropathic pain, low back pain, lumbar radiculopathy, and status post arthroscopic meniscal repair of the left knee. Subjectively, the patient reported complaints of low back and left knee pain. Objective findings revealed tenderness to palpation, mild edema and erythema of the knee, a positive patellar compression test, mild allodynia and hypersensitivity over incision sites, and decreased sensation along the L4 and L5 dermatomes bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retrospective request for Amitriptyline 4%/Dextromethorphan 10%/Tramadol 20%/Ultraderm 30 grams dispensed on 6/18/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical ointments are largely experimental and have not been shown to be effective in properly randomized controlled clinical

trials. Topical ointments are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, guidelines state that there is no evidence for the use of topical muscle relaxants. Guidelines further indicate that if one of the medications in a compound is not recommended, that the compound as a whole cannot be recommended. Given the above, the request is not supported. Therefore, the request is noncertified.

The retrospective request for Diclofenac 10%/Flurbiprofen 25%/Ultraderm 30 grams:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The California MTUS Guidelines indicate that the only FDA approved NSAID agent for topical use is Voltaren Gel 1%. Flurbiprofen, an NSAID, is therefore not recommended for topical use. Guidelines further indicate that, if one of the medications in a compound is not recommended, the compound as a whole cannot be recommended. Given the above, the request is not supported. Therefore, the request is noncertified.