

Case Number:	CM13-0046049		
Date Assigned:	12/27/2013	Date of Injury:	06/13/2008
Decision Date:	03/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 66-year-old female who reported an injury on 06/13/2008. The patient is diagnosed with bilateral upper extremity radiculopathy, right shoulder impingement syndrome, bilateral knee contusion, and low back pain. The patient was seen by [REDACTED] on 07/19/2013. The patient reported weight gain, stress, anxiety, depression, and sleep disturbance. Physical examination revealed mild distress, an antalgic gait, stiffness, and difficulty rising from a sitting position. Treatment recommendations included discontinuation of all oral medications, initiation of a compounded cream, and a Solar Care FIR system for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar Care FIR and pharmacy purchase of Cyclo-Keto-Lido-Ultra cream #180: 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 ACOEM Chapter 13 Knee Complaints Page(s): 337, Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Knee & Leg Chapter, Cold/Heat Packs.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state topical analgesics are considered largely experimental in use with few randomized

controlled trials to determine efficacy or safety. Any compound product that contains at least 1 drug (or drug class) that is not recommended is not recommended as a whole. As per the documentation submitted, there is no evidence of neuropathic pain upon 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. Gabapentin is not recommended as there is no peer reviewed literature to support its use. Muscle relaxants are also not recommended as there is no evidence for the use of a muscle relaxant as a topical product. Therefore, the request cannot be determined as medically appropriate. Additionally, California MTUS/ACOEM Practice Guidelines state physical modalities have no scientifically proven efficacy in treating acute knee symptoms. There is no indication as to why this patient would not benefit from at home local applications of heat or cold packs as recommended by Official Disability Guidelines, as opposed to a motorized unit. Based on the clinical information received, the request is non-certified.