

Case Number:	CM13-0047541		
Date Assigned:	12/27/2013	Date of Injury:	01/04/2012
Decision Date:	02/18/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic left knee pain reportedly associated with an industrial injury of January 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of knee physical therapy; prior knee arthroscopy; and extensive periods of time off of work. In a Utilization Review Report of October 21, 2013, the claims administrator denied a request for unspecified topical compounds, citing a non-MTUS ODG guideline. The applicant's attorney subsequently appealed. A handwritten note of December 11, 2013 is difficult to follow, not entirely legible, notable for comments that the applicant is asked to obtain MRI imaging of lumbar spine, cervical spine, and shoulder while obtaining a dietary consultation, ice and hot pack, home exercise kit, and several topical compounds. Work restrictions are endorsed, although it does not appear that these limitations have been accommodated by the employer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of oral pharmaceuticals so as to justify usage of topical agents or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request remains non-certified, on Independent Medical Review.