

Case Number:	CM13-0049501		
Date Assigned:	02/20/2014	Date of Injury:	04/20/2012
Decision Date:	04/29/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 expert 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 underlying date of injury in this case is April 20, 2012. The primary diagnosis is a knee sprain. An initial physician review noted that the only document available was an office visit note of August 09, 2013 and that no specific medication was requested. At this time, a primary treating physician's progress report (PR-2) from the patient's treating occupational medicine-family practice physician, contains somewhat limited information but appears to describe 8/10 pain which is constant in the right knee with popping and locking and instability. The treatment plan included an MRI of the right knee as well as physical therapy, continued shockwave therapy, NIOSH (National Institute for Occupational Safety and Health) testing, and a followup appointment. An accompanying prescription prescribes a topical agent containing flurbiprofen 20%, lidocaine 5%, and amitriptyline 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that if a topical compound is used, the physician should document the rationale and propose a mechanism of action of the component ingredients. With regard to the component ingredients in this case, the medical records do not contain such a detail. Moreover, the component ingredient, lidocaine, is recommended by this guideline only for neuropathic pain, which is not a diagnosis in this case. This same guideline recommends topical anti-inflammatory medications such as flurbiprofen only for initial acute use and notes that such anti-inflammatory medications are generally not effective in a chronic setting. For these multiple reasons, the guidelines have not been met to support the necessity of this requested topical medication. Therefore, the request is not medically necessary.