

Case Number:	CM13-0049604		
Date Assigned:	12/27/2013	Date of Injury:	05/07/2013
Decision Date:	03/11/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/08/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 33-year-old female who reported an injury on 05/07/2013. The patient is currently diagnosed with rule out tear of medial meniscus of the left knee, lateral/collateral ligament sprain of bilateral knees, and bursitis of bilateral knees. The patient was seen by [REDACTED] on 10/02/2013. The patient reported persistent pain in bilateral knees and the left hip. Physical examination of the bilateral hips revealed 3+ spasm and tenderness with positive Fabere testing on the left. Physical examination of bilateral knees revealed 4+ spasm and tenderness in the left anterior joint line, 2+ spasm and tenderness to the right anterior joint line and popliteal fossa, limited range of motion, and positive valgus testing and McMurray's testing. Treatment recommendations included electrical muscle stimulation, and continuation of current medications, including TGHot cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot 180gm: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use, with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of a failure to respond to a 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. California MTUS Guidelines further state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Based on the clinical information received, and the California MTUS Guidelines, the request is noncertified.

Glucosamine/Chondroitin capsules #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state glucosamine and chondroitin sulfate are recommended as an option, given the low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. As per the clinical documentation submitted, the patient is currently diagnosed with rule out tear of medial meniscus of the left knee, lateral/collateral ligament sprain of bilateral knees, and bursitis. The patient has also continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. The patient's physical examination continues to reveal spasm, tenderness to palpation, limited range of motion, and positive valgus testing and McMurray's testing in bilateral knees. Based on the clinical information received, the current request is noncertified.