

Case Number:	CM13-0054134		
Date Assigned:	12/30/2013	Date of Injury:	07/15/2009
Decision Date:	06/05/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/19/2013

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 Anesthesiology, has a subspecialty in Pain 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 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 patient is a 56 year old male injured on 07/15/09 when he was required to crawl on his knees approximately 300 feet resulting in bilateral knee pain radiating down the right lower leg to the foot. MRI of the left knee revealed grade 3 tear of the mid to posterior medial meniscus. The patient underwent surgical intervention on 03/04/10 and 09/09/10 for the left knee. The patient reported continued lower extremities pain requiring physical therapy, medication management, and routine evaluation. Mediderm Crème tid #2 for neuropathic pain has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIDERM CREME TID #2 FOR NEUROPATHIC PAIN: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that

these types of medications have been trialed and/or failed. Therefore, Mediderm CrÃme tid #2 for neuropathic pain cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.