

Case Number:	CM13-0055169		
Date Assigned:	04/14/2014	Date of Injury:	07/13/1995
Decision Date:	05/08/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/20/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 55-year-old male with date of injury of 07/13/1995. The listed diagnoses per [REDACTED] dated 10/02/2013 are: 1. Status post lumbar fusion with subsequent hardware removal. 2. Chronic low back pain. 3. Bilateral knee osteoarthritis. 4. Status post bilateral knee arthroscopy x1 with significant residuals. 5. Bilateral SI joint dysfunction, left greater than the right. According to the progress report, the patient complains of chronic low back pain and bilateral knee pain. Exam of the bilateral knees reveals positive patellofemoral crepitation with healed arthroscopic portals. There is decreased range of motion to the bilateral knees. The right knee is tender to palpation over the patella region. And a soft tissue swelling and effusion was noted. The exam of the lumbar spine reveals spasms, painful range of motion, as well as limited range of motion. Positive straight leg raise bilaterally at 60 degrees. The provider is requesting refills for a combo cream

IMR ISSUES, DECISIONS AND RATIONALES

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

Combo Creams: 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: This patient presents with chronic low back and bilateral knee pain. This patient is status post lumbar fusion and bilateral knee arthroscopic debridement. The provider is requesting a refill for a "combo cream." The MTUS Guidelines page 111 states for topical analgesics, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain, when trials of antidepressants, and anticonvulsants have failed." The review of 41 pages of record show that the patient has been using this "combo cream" since 07/18/2013. However, the provider did not specify what this compounded cream contains and what it's for. In this case, the patient does not present with neuropathic pain that would warrant the use of topical analgesics. Furthermore, documents do not show that the patient has trialed and failed antidepressants and anticonvulsants as required by the MTUS guidelines. Recommendation is for denial.