

Case Number:	CM13-0056053		
Date Assigned:	12/30/2013	Date of Injury:	04/11/1993
Decision Date:	04/16/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine & 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 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:

This patient is 68-year-old male with date of injury of 04/11/1993. According to the treating physician's report 09/05/2013, listed diagnoses are: 1. Right knee arthrosis, mild, mostly involving patellofemoral joint. 2. Left knee arthrosis, mild to moderate. 3. Left knee posterior horn medial meniscal tear. 4. Cervical spine sprain/strain. 5. Chronic low back pain. Presenting symptoms are struggling pain and the recommendations were for continued followup with [REDACTED] for the patient's left knee and pending surgical intervention, request for the patient to continue to follow up with [REDACTED], internist, and [REDACTED], psychologist. The request was also for MRI scan of the cervical and lumbar spine and also transdermal medications to minimize pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO REQUEST FOR COMPOUNDED MEDICATION WITH: DICLOFENAC, PENCEA, CAPSAICIN, MENTHOL, CAMPHOR AND TRAMADOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: This employee presents with chronic bilateral knee pains, neck, and low back pain. The treating physician has prescribed a multi-compounded topical product for this employee's pain. The MTUS Guidelines have very specific discussion regarding topical compounds. The MTUS Guidelines, page 111, indicates that if a compounded product contains at least one drug that is not recommended, then the entire compound is not recommended. In this case, this compound contains tramadol which is not a medication that is recommended as a topical product. Diclofenac may be indicated for the employee's peripheral joint pain, namely, knee pain; capsaicin may be indicated for the employee's chronic pain from arthritis of the knees, but this compounded product contains tramadol which is not recommended in topical formulation. Recommendation is for denial.