

Case Number:	CM13-0062045		
Date Assigned:	12/30/2013	Date of Injury:	02/19/2009
Decision Date:	05/16/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/05/2013

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 Texas. 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 injured worker is a 41-year-old female who reported an injury on 02/19/2009. The mechanism of injury was not provided. Current diagnoses include status post left knee arthroscopy and status post right knee arthroscopy. The injured worker was evaluated on 06/18/2013. The injured worker reported persistent symptomatology in the right knee. The injured worker has participated in 6 to 8 physical therapy sessions and is also pending a Synvisc injection. Physical examination revealed residual pain and tenderness in bilateral knees with Final Determination Letter for IMR Case Number CM13-0062045 3 positive McMurray's sign and positive patellar grind testing. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOP/LIDOC/CAP/TRAM 15%/1%/0.012%/5% REFILL 1 QTY 60 DAY SUPPLY 15 2: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac. Lidocaine is indicated for neuropathic pain after there has been evidence of a trial of first line therapy. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. As per the documentation submitted, there is no evidence of a failure to respond to trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the current request. As such, the request is non-certified.

FLU/CYCLO/CAPS/LID 10%/2%/0.0125%/1% LIQ REFILL 1 QTY 120 DAY SUPPLY

30: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Cyclobenzaprine is not recommended as there is no evidence for the use of any muscle relaxant as a topical product. Therefore, the request cannot be determined as medically appropriate. There is also no frequency listed in the current request. Therefore, the request is non-certified.