

Case Number:	CM13-0065405		
Date Assigned:	01/03/2014	Date of Injury:	12/01/2003
Decision Date:	05/16/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/13/2013

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 Occupational 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 57-year-old female who was injured on 12/01/2003. The mechanism of injury is unknown. Prior treatment history has included Norco and Flexeril. The patient underwent left knee arthroscopy on 09/07/2004 and right knee arthroscopy on 04/11/2006. Diagnostic studies reviewed include x-ray of the left ankle and bilateral knees dated 05/12/2012 revealed a normal study. The bilateral knees did show bilateral patellofemoral disease. The right knee medial compartment measures 1mm. The left knee medial compartment measures 1 mm. PR-2 dated 11/07/2013 indicated the patient presented with complaints of constant pain in her right knee, which she described as sharp throbbing pain. She rated her pain as 6. There was giving way of the right knee with swelling. She also complained of constant pain in her left foot, which she described as sharp stabbing pain and rated her pain as 4. There was swelling in the left foot and weakness. She did take her pain medication at this visit and the pain levels described above were with the effects of medication. The pain was reduced with rest and heat. On examination of the left knee, there was nonspecific tenderness at the right knee. There was tenderness at the medial peripatellar, lateral peripatellar, medial collateral and lateral collateral on the right. Apley's grinding test, McMurray test with interior rotation and McMurray test with exterior rotation were positive on the right knee. Apley's grinding test revealed pain on the left knee. She was unable to perform duck walk. She was able to performed heel walk but with difficulty. Range of motion of the right knee exhibited knee flexion to 60 degrees; knee extension to 0 degrees; knee internal rotation to 10 degrees; and knee external rotation to 0 degrees. There were no measurements for the left knee. The patient was diagnosed with status post bilateral knee arthroscopy and status post left foot plantar fasciitis. The patient is to undergo an orthopedic surgery consultation and she was recommended to continue the following course of medications; Flexeril and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

FURBIPRO/LIDOCAINE/AMITRIPTY/PCCA LIPO CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document the patient was diagnosed with status post left knee arthroscopy, status post right knee arthroscopy, and left foot plantar fasciitis. Furthermore, topical lidocaine is only recommended as an option for neuropathic pain having failed first-line therapies; however, this patient does not have diabetic neuropathy or post-herpetic neuropathic pain. The patient tolerates oral medications, which are considered standard care. Topical agents are not medically necessary. The request is not medically necessary according to the guidelines.

GABAPENTIN/CYCLOBENZ/TRAMADOL/PCCA LIPO CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to CA MTUS guidelines, Topical Analgesics are recommended as an option of treatments that are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The medical records document the patient was diagnosed with: status post left knee arthroscopy, status post right knee arthroscopy, and status post left foot plantar fasciitis. Per the guidelines, gabapentin is not recommended. There is no peer-reviewed literature to support topical use. Cyclobenzaprine is a central muscle relaxant, which is also not recommended as there is no evidence of using any other muscle relaxant as a topical product. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore the request is not medically necessary according to the guidelines.