

Case Number:	CM13-0072739		
Date Assigned:	01/08/2014	Date of Injury:	07/09/2003
Decision Date:	05/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/31/2013

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 Orthopedic Surgery 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 58-year-old female who sustained an industrial injury on 7/9/03, lifting a 70-pound casket roll cover. Past medical history is positive for knee arthroscopic surgeries on 4/13/06 and 1/25/07, right total knee replacement on 5/12/08, left total knee replacement on 2/22/10, and L4/5 and L5/S1 lumbar discectomy and transforaminal lumbar interbody fusion on 10/31/12. Co-morbidities included obesity. The 10/28/13 treating physician report cited subjective complaints of persistent, on-going low back symptomatology, foot and ankle pain, bilateral knee pain and instability, and headaches. Physical exam findings noted antalgic gait using a cane, lumbar paraspinal spasms and significant tenderness, pain with lumbar range of motion, positive sciatic stretch, reduced bilateral knee range of motion with crepitus, medial joint line tenderness, and bilateral foot tenderness over the bilateral extensor tendons and lateral malleoli. The diagnosis was cervical discopathy, shoulder pain, status post lumbar fusion, bilateral knee degenerative joint disease, right knee chronic effusion, headaches, head contusion, and obesity. The treatment plan recommended weight loss, consultation with a foot and ankle specialist, second opinion for on-going knee problems, bilateral figure-eight ankle braces, Fluriflex cream and TGIce cream for topical pain relief. The 12/17/13 utilization review recommended non-certification of the request for TGIce cream based on an absence of documented failed use of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGI CE CREAM 180GM: 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: The California MTUS Chronic Pain Medical Treatment Guidelines for topical analgesics indicate that topical analgesics in general are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS Guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. In this case, the compounds in the TGIce cream are not identified. There is no evidence that the patient has failed the use of oral medications, including anticonvulsants and antidepressants, to support the medical necessity of a topical analgesic. Therefore the request for TGIce topical cream is not medically necessary and appropriate.