

Case Number:	CM14-0002745		
Date Assigned:	01/29/2014	Date of Injury:	06/24/2008
Decision Date:	06/19/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 06/24/2008. The mechanism of injury was not stated. Current diagnoses include impingement syndrome and chondromalacia patella. The injured worker was evaluated on 10/10/2013. The injured worker reported bilateral knee pain with activity limitation. The injured worker was actively participating in aquatic exercise and weight loss. Physical examination revealed slight medial subpatellar facet tenderness with minimal to slight joint effusion bilaterally, patellofemoral crepitation, considerable tenderness over the left greater occipital nerve, tenderness over the left cervical paraspinal muscles, and considerable tenderness over the lateral epicondyle of the left elbow. Treatment recommendations at that time included continuation of a transdermal pain cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED FLURBIPROFEN, CYCLOBENZAPRINE, LIDOCAINE, UTRADERM, CAPASAICIN, MENTHOL, CAMPHOR,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

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 analgesic is diclofenac. Cyclobenzaprine is not recommended, as there is no evidence for the use of any muscle relaxant as a topical product. Therefore, the current request cannot be determined as medically appropriate.