

Case Number:	CM14-0009594		
Date Assigned:	02/14/2014	Date of Injury:	07/31/2012
Decision Date:	06/27/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/23/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 28-year-old female who was injured on July 31, 2012. The alleged injury is documented as occurring when the injured walked into the building and twisted the left knee. The current diagnosis is left knee sprain. Previous treatment measures utilized include fourteen physical therapy visits, a Transcutaneous Electrical Nerve Stimulation (TENS) unit, knee arthroscopy, Flexeril and Prilosec. The progress note, dated January 7, 2014, documents a normal sensory examination and no evidence of radiculopathy. The examination of the left knee demonstrates diminished range of motion from 0 to 120 degrees with mild pain during range of motion testing. There is tenderness to palpation along the medial joint line, but no crepitus is noted. There is a positive Lachman's Maneuver on the right, but the remainder of the orthopedic tests is negative. The utilization review in question was rendered on January 8, 2014. The reviewer non-certified requests for the two topical compounds noted below.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND DRUG (FLURBIPROFEN, LIDOCAINE, AMITRIPTYLINE AND LIPODERM BASE) #180 (20 DAYS SUPPLY): Upheld

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

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

Decision rationale: The MTUS notes that topical analgesics are considered largely experimental but may be utilized as a second line agent for the management of neuropathic pain. The examination does not document findings consistent with neuropathic pain. Additionally, the MTUS recommends topical lidocaine as an option for the management of neuropathic pain when first line agents such as anti-depressants or anti-depressants fail. As such, the request is considered not medically necessary.

COMPOUND DRUG (GABAPENTIN, CYCLOBENZAPRINE, TRAMADOL AND LIPODERM BASE) #180 (20 DAYS SUPPLY): Upheld

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

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

Decision rationale: The MTUS specifically recommends against the use of topical Cyclobenzaprine. The MTUS further goes on to note that if a single component of a compounded cream is not indicated, then the whole compound is not indicated. As such, the request is considered not medically necessary.