

Case Number:	CM14-0100566		
Date Assigned:	07/30/2014	Date of Injury:	07/08/2013
Decision Date:	09/25/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52 year-old female was reportedly injured on 7/8/2013. The mechanism of injury is not listed. The claimant underwent right knee arthroscopic surgery in September 2013. The most recent progress note dated 5/19/2014, indicates that there are ongoing complaints of knee pain. Physical examination of the right knee demonstrated no effusion; range of motion is 0-120 with pain on full flexion; tenderness to lateral aspect of femoral condyle and lateral jointline; collateral and cruciate ligaments are stable; McMurray's test produces discomfort in the lateral compartment; hypersensitivity to skin over the lateral aspect of the knee. MRI of the right knee dated 1/14/2014 demonstrated partial lateral meniscectomy with partial resection of the lateral meniscus without tear of the posterior horn remnant; mild joint effusion; chondral grade 3 degeneration lateral aspect medial femoral condyle and trochlear groove. Previous treatment includes right knee arthroscopic surgery, home exercise program and medications to include Tramadol, Relafen and Voltaren gel. A request had been made for Teracaine 3.600, Cyclobenzaprine 3.600, Gabapentin 10.800, Diclofenac Sodium 5.400, Baclofen 3.600 #180 QTY: 1.00; and PCCA Custom Lipo Max 153 #180 QTY: 1.00, which were not certified in the utilization review on 6/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Teracaine 3.600, Cyclobenzaprine 3.600, Gabapentin 10.800, Diclofenac Sodium 5.400, Baclofen 3.600 #180 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Namaka, 2004; Colombo, 2006; Argoff, 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 113 of 127.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, the guidelines state there is no evidence to support the use of topical Gabapentin and recommend against the addition of Cyclobenzaprine to other agents. Therefore, this request is not considered medically.

PCCA Custom Lipo Max 153 #180 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Namaka, 2004; Colombo, 2006; Argoff, 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009); Page(s): 111-113 of 127.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.