

<b>Case Number:</b>	CM14-0100770		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/16/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 59-year-old male was reportedly injured on 9/16/2012. The mechanism of injury was listed as a hyperextension of the left knee. The claimant underwent left knee arthroscopic surgery on 11/16/2012. The most recent progress note, dated 6/27/2014, indicated that there were ongoing complaints of knee pain. Physical examination of the knees demonstrated palpable tenderness and loss of range of motion, and there was no spasm. Plain radiographs of the right and left knees, dated 12/31/2013, demonstrated some underlying degenerative changes. Previous treatment included arthroscopic surgery, cortisone injection, physical therapy, home exercises and medications. A request had been made for analgesic creams, which was not certified in the utilization review on 6/9/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Analgesic Creams:** Upheld

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

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

**Decision rationale:** MTUS treatment guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended". As such, this request for Analgesic Creams is not considered medically necessary.