

Case Number:	CM14-0011860		
Date Assigned:	02/21/2014	Date of Injury:	08/05/2009
Decision Date:	06/26/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/29/2014

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 & Rehabilitation 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 injured worker is a 50-year-old male who reported an injury on August 5, 2009 secondary to unknown mechanism of injury. The injured worker was evaluated on December 27, 2013 for reports of continued pain with constant numbness rated at 10/10 to the left knee. Exam noted an antalgic gait. The diagnoses included knee sprain, knee pain, knee instability, and chronic pain. The treatment plan included knee surgery and continued medications. The Request for Authorization dated January 8, 2014 without rationale for the request was noted in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL CREAM #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: RXlist online, tramadol

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

Tramadol is only indicated for oral use. There is a lack of clinical evidence of efficacy of other treatments in the documentation provided. Furthermore, the amount of the medication being requested is not indicated. The request is not medically necessary.

FLURBIPROFEN CREAM #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is a lack of clinical evidence of efficacy of other treatments in the documentation provided. Furthermore, the amount of the medication being requested is not indicated. The request is not medically necessary.