

Case Number:	CM14-0012038		
Date Assigned:	02/21/2014	Date of Injury:	04/25/2000
Decision Date:	06/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 55-year-old female who reported an injury on 04/25/2000. The mechanism of injury was not provided. The clinical note dated 07/26/2013 noted the claimant presented with bilateral knee pain. Upon examination, standing upright the lateral views of each knee demonstrated stable hardware and apparent satisfactory relationship to osseous structures in each knee region. There was no slippage or loosening of hardware, and there was good alignment throughout. The claimant was diagnosed with unremarkable bilateral knee replacements. There was no reference made to any previous treatments. The treatment plan included continued use of Motrin, occasional morphine sulfate as needed, and an additional of Ultracet to the medication regimen. The provider recommended a topical cream for the knee and shoulder. The request for authorization form was dated 01/08/2014. The provider's rationale was not included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CREAM :TRAM 8% GABA10% MENTH 2% CAPSI 0.05% 240MG FOR KNEE AND SHOULDER #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The MTUS guidelines note Gabapentin is not recommended for topical application. The MTUS guidelines also recommend capsaicin for topical application only as an option in patients who have not responded or are intolerant to other treatments. As the guidelines note that Gabapentin is not recommended, the medication is not indicated. The included documentation lacks evidence indicating the employee has not responded to, or is intolerant to other treatments. Additionally, it was not noted in the documentation that the employee had a trial of antidepressants and anticonvulsants that have failed. Therefore, the request for topical cream: Tram 8% Gaba 10% Menth 2% Capsi 0.05% 240mg for the knee and shoulder #1 is not medically necessary and appropriate.