

Case Number:	CM14-0015685		
Date Assigned:	03/03/2014	Date of Injury:	06/06/2008
Decision Date:	10/06/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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 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 54-year-old gentleman was reportedly injured on June 6, 2008. The most recent progress note, dated January 8, 2014, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated the ability to ambulate without difficulty. There was no effusion or swelling at the left knee and there was full range of motion. There was medial joint line tenderness and a negative McMurray's test and Lachman's test. Diagnostic imaging studies were not discussed during this visit. Previous treatment is unknown. A request had been made for flurbiprofen/lidocaine/amitriptyline/PCCA Lipo and was not certified in the pre-authorization process on January 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NON-CERTIFIED COMPOUND: CMPD-FLURBIPROFEN/LIDOCAINE/AMITRIPTYLINE/PCCA LIPO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents to include amitriptyline. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for flurbiprofen/lidocaine/amitriptyline/PCCA Lipo is not medically necessary.