MAXIMUS Federal Services

Case Number:	CM14-0017194		
Date Assigned:	04/14/2014	Date of Injury:	03/28/2012
Decision Date:	08/12/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/11/2014

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 and Washington. 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 52-year-old male who reported an injury on 03/28/2012. The mechanism of injury was not provided in the medical records. The diagnosis is chronic left knee pain. His previous treatments included medications, physical therapy and surgery. Per the clinic note dated 01/16/2014, the injured worker was status post left total knee arthroplasty. He reported he had no pain but had complaints of stiffness and difficulty walking. On physical examination of the left knee, the physician reported he had a healed interior incision and range of motion was 5/90 degrees with mild pain, no instability and the patella tracks well. The physician reported an x-ray of the left knee revealed no migration, loosening or subsidence. The treatment plan recommendation was for an anti-inflammatory topical cream for swelling and pain and a pain management consult because of chronic narcotic use. The Request for Authorization was provided on 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Pracasil plus topical cream: Upheld

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

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

Decision rationale: The Request for Authorization was provided on 01/27/2014. The request for Pracasil-Plus Topical Cream is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compound product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these topical compound agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The guidelines indicate that Gabapentin is not recommended for topical use. The prescription provided in the records indicated that Pracasil-Plus includes Gabapentin 15%, Prilocaine 3%, Fluticazone 1%, Levocetirizine 2%. The Pracasil-Plus Topical Cream includes Gabapentin, which is not recommended for topical use. The clinical documentation also failed to indicate why the other compound agents in the cream were useful and the therapeutic goal for the medication. As such, the request for Pracasil-Plus Topical Cream is not medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, Pg 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: The request for pain management consultation is not medically necessary. The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits to the office of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The clinical documentation provided indicated the patient would benefit from a pain management consult because of chronic narcotic use. However, there was no documentation provided to indicate the medication he was taking and what issues he was having with the medications to support the request. As such, the request for pain management consultation is not medically necessary.