MAXIMUS Federal Services

Case Number:	CM14-0110029		
Date Assigned:	09/16/2014	Date of Injury:	12/23/2009
Decision Date:	10/21/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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 records, presented for review, indicate that this 63-year-old gentleman was reportedly injured on December 23, 2009. The most recent progress note, dated July 24, 2014, indicated that there were ongoing complaints of bilateral knees pains. The physical examination demonstrated bilateral knee range of motion from 0 to 130 and bilateral crepitus at the patellofemoral joint. There was noted to be maltracking on the right side and a 1+ anterior drawer on the left side. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included left and right knee arthroscopies, the use of a knee brace, Synvisc injections, and Kenalog injections. A request had been made for a compound of hyaluronic acid sod salt powder, lidocaine, and a Lidoderm base and was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 4/25/2014): Hyaluronic acid and salt powder 0.166389%/lidocaine HCL powder 4.99168%/PCCA Lipoderm base 94.8419%, dispensing fee and compounding fee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for a compound of hyaluronic acid and salt powder, lidocaine, and a Lidoderm base is not medically necessary.