

Case Number:	CM14-0111100		
Date Assigned:	08/01/2014	Date of Injury:	06/13/2009
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/16/2014

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 Texas and Oklahoma. 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 06/13/2009. While cleaning a window, she injured her left knee. The injured worker was cleaning a window when she turned right and she heard her left knee pop. Diagnoses were thoracic strain, lumbago, lumbar strain, lumbar facet joint pain, sacroiliac pain, total knee replacement with complications, and left knee common peroneal neuralgia. Past treatment has been knee brace, physical therapy, chiropractic sessions, left shoulder injections, and arthrocentesis of left knee. Diagnostic studies included x-ray, electromyography (EMG), magnetic resonance imaging (MRI) of the left knee and lumbar spine 2012, and ultrasound. Surgical history included left knee surgery on 04/22/2010 and total left knee replacement on 10/10/2013. Physical examination on 04/10/2014 revealed pain intensity at 7/10 to 8/10. There were complaints of lumbar spine pain, left lower extremity pain, and sleep disturbance. The examination for the cervical spine revealed alignment and curvature were grossly normal. There was tenderness bilaterally. Examination of the thoracic spine revealed diffuse paravertebral muscle spasm and pain throughout the thoracic spine. There were no sensory or motor changes. The lumbar spine examination revealed bilateral lumbar spasms with tenderness. Bilateral L5-S1 facet joints were tender. The examination of the left knee revealed peripatellar swelling and pain. There was marked stiffness and decreased range of motion. There was a positive Tinel's over the nerve. Medications were Norco, Vasotec, Tramadol, Benazepril, and Atorvastatin. The treatment plan was for topical pain relief cream to the left knee and platelet rich plasma injection to the left knee. The rationale was platelet rich plasma has been used clinically in humans for its healing properties attributed to the increased concentrations of autologous growth factors and secretory proteins that may enhance the healing process on the cellular level. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 20% cream, 30 grams.: 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, 112.

Decision rationale: The request for Tramadol 20% cream, 30 grams is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical analgesics are recommended for short-term use (4 weeks to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. They are indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.