

Case Number:	CM14-0124720		
Date Assigned:	09/25/2014	Date of Injury:	02/13/2013
Decision Date:	11/18/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty in Pain Medicine 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 male who reported an injury on 02/13/2013. Reportedly while at work, the injured worker tripped and fell while he was carrying a bucket of fertilizer. The injured worker sustained injury to his knee. The injured worker's treatment history included knee surgery, physical therapy, medications, and MRI studies. The injured worker was evaluated on 09/12/2014, and it was documented the injured worker complained of right knee pain. He described as pain as the same, sharp and throbbing, 7/10 to 8/10 on the pain scale. It was constant. Nothing made it better. He was unable to walk due to so much pain. He had been receiving physical therapy and has not experienced any new symptoms. Examination of the knee revealed it was very antalgic and therefore no further gait maneuvers were possible. He was unable to squat beyond 160 degrees of knee flexion with fears of falling and also increased pain. Diagnoses included bilateral knee pain, history of diabetes and hypertension. Medications include Dendracin lotion and Cartivisc. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion 120mg: Upheld

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

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

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. Dendracin lotion contains at least one or more drug class. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. In addition, there was no documentation provided on frequency or location where the Dendracin lotion would be applied. As such, the request for Dendracin lotion 120 mg is not medically necessary.

Cartivisc 500, qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: necessary: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. Cartivisc contains at least one or more drug class. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. In addition, there was no documentation provided on frequency or location where the Cartivisc would be applied. The request for Cartivisc 500, quantity 60, is not medically necessary. The request that was submitted failed to include dosage. As such, the request for Cartivisc 500, quantity #60, is not medically necessary.