

Case Number:	CM14-0136887		
Date Assigned:	09/03/2014	Date of Injury:	09/02/2010
Decision Date:	10/02/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/25/2014

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, has a subspecialty in Interventional Spine 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 patient is a 59-year-old female with a date of injury of 09/02/2010. The listed diagnoses per [REDACTED] are: right knee sprain/strain, meniscal tear, left ankle sprain, obesity, hypertension, asthma, NOS. According to progress report 08/02/2014, the patient is status post right knee arthroscopy on 08/30/2013. She has been taking naproxen and omeprazole for management of pain which provides about 30% to 40% relief and she is able to maintain her activities of daily living. The patient reports occasional leg cramps when she is walking. Examination revealed decreased lumbar and right knee range of motion and positive TTP in the right knee. The physician is requesting Celadrin topical cream to be applied daily. Utilization review denied the request on 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celadrin cream QTY: 1.00: 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.

Decision rationale: This patient is status post right knee arthroscopy on 08/30/2013 and continues with decreased range of motion and pain. The physician is requesting Celadrin topical cream. Celadrin topical cream is an over-the-counter topical analgesic cream that includes a mix of fatty acid and other ingredients including benzyl alcohol, glycerin, olive oil, menthol, peppermint oil, etc. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." In this case, topical analgesic creams are considered experimental. Recommendation is for denial.