

Case Number:	CM14-0151633		
Date Assigned:	09/19/2014	Date of Injury:	06/15/2005
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/17/2014

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 patient is a 72-year-old female with an 8/15/05 date of injury, when she was lifting a heavy box and felt pain in the low back and left knee. Listed diagnosis is left joint pain; lumbosacral disc degeneration; and s/p TKA on the left. 5/8/14 Multidisciplinary evaluation documented continued low back pain that radiation across the entire lumbosacral region. There was pain in the left leg, mostly in the L5 distribution. There was pain in the left knee with radiation into the left calf and foot. There was reduced range of motion in the lumbar spine and gait was antalgic. There was reduced strength bilaterally in hip flexion/extension/abduction and knee flexion/knee extension. Current medications included Norco, Levothyroxine; low dose aspirin; and Lisinopril. Interdisciplinary program was requested. Prior treatment has included PT, massage, occipital nerve block, acupuncture, medication, and left knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Diclofenac/Gabapentin/Lidocaine 15/10/10% 360grams (Transdermal Compounds) (DOS: 07/10/14, 08/08/14): 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 Pain Medical Page(s): 111-113.

Decision rationale: Medical necessity for the requested topical that was dispensed on 7/10/14 and 8/8/14 is not established. The requested topical agent contains Diclofenac, gabapentin, and lidocaine. However, CA MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs, lidocaine (in creams, lotion or gels), and gabapentin are not recommended for topical applications. It has not been discussed why a topical medication with components that are not guideline recommended are necessary. Continued efficacy or reduction in PO medication has not been documented. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not medically necessary.

Retrospective: Pharmacology Management Assessment times two (DOS: 07/10/14, 08/08/14): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CA MTUS 2009: Â§9792.23. Clinical Topics: ACOEM Chapter 7 - Independent Medical Examinations and Consultations (pp 127, 156)

Decision rationale: Medical necessity for the requested pharmacology management assessment on 7/10/14/14 and 8/8/14 is not established. The most recent note provided was from 5/8/14. CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. Although based on the chronicity of the patient's injury, it is unlikely that medications were substantially different during the requested assessments, absent more recent progress notes, the request is not substantiated. This request was previously modified to 1 visit, however within the context of this appeal, modification is not possible. The request is not medically necessary.