

Case Number:	CM14-0154781		
Date Assigned:	09/24/2014	Date of Injury:	12/23/2009
Decision Date:	10/30/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 Texas. 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:

Office visit on 7-24-14 notes the claimant received a Synvisc injection on 4-17-14 to the right knee and 4-24-14 to the left knee. The claimant presented for a Kenalog injection. The claimant alternates these injections about every three months as this continued to provide excellent relief of symptoms. The claimant reports pain to the lateral side of the knee now radiating across the patella and to the medial compartment. On exam, the claimant has 130 degrees of range of motion bilaterally, positive patellofemoral crepitation and grind. There is patellofemoral maltracking to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% Capsaicin 0.025% Cream 120ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - topical analgesics

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that these medications are largely experimental in use with few randomized controlled trials to

determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that he has failed first line of treatment. Therefore the medical necessity of this request is not established.

Lidocaine/Hyaluronic Acid in Lipoderm 8%0.2% Cream 120ML: Upheld

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MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - topical analgesics

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