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| Case Number: | CM14-0157037 | | |
| Date Assigned: | 09/30/2014 | Date of Injury: | 09/11/2012 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 09/17/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

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 California and is licensed to practice in Interventional Spine. 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 52 year old female with an injury date of 09/11/12. Per the 08/19/14 report by [REDACTED], the patient presents with diffuse pain surrounding the jointline of the left knee. She is status post left knee arthroscopy 5 months ago and status post fall 2 months ago. Examination reveals tenderness to palpation over medial and lateral joint line. The patient's diagnosis is tear of the tibial surface of posterior horn of medial meniscus per MRI. The utilization review being challenged is dated 09/17/14. Reports were provided from 02/15/15 to 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaba/keto/lido/PCCA compound fee 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following regarding topical creams (chronic pain section) Page(s): 111.

Decision rationale: The patient presents with diffuse pain around the joint line of the left knee. The treater requests for Gaba/Keto/Lido/PCCA compound cream 120 gm. MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to

support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states that Gabapentin is not recommended under the topical cream section. Therefore, recommendation is for denial.