

Case Number:	CM14-0158757		
Date Assigned:	10/02/2014	Date of Injury:	11/02/2010
Decision Date:	10/29/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/29/2014

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, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 11/02/10 when, while driving on a highway, her vehicle was rear-ended. She had pain in the knees, shoulders, hands, and wrists. Treatments included physical therapy and chiropractic care. An MRI of the shoulders showed ligament and tendon tears and MRI scans of the knees showed degenerative changes. Treatments have included viscosupplementation injections. She is considered a possible candidate for shoulder and knee surgery. She was seen by the requesting provider on 05/15/14. Medications were Synthroid, Diltiazem, aspirin, Pro-Air inhaler, and vitamins. Physical examination findings included a height of 5 feet and weight 355 pounds. She was noted to ambulate with a walker. She had decreased lumbar spine range of motion with increased muscle tone and tenderness. There was positive straight leg raising. She had decreased shoulder range of motion bilaterally with positive impingement testing and decreased strength. There was decreased wrist range of motion with dorsal tenderness. Tinel's and Phalen's tests were positive. There was decreased knee flexion with medial and lateral joint line tenderness. Imaging results were reviewed showing end stage osteoarthritis of the knees. Authorization for additional testing and injections was requested. Topical cream was prescribed. On 06/30/14 she was having ongoing knee pain rated at 8/10 and shoulder pain at 6/10. She was unable to take NSAIDs due to stomach upset. She was ambulating with a cane. She was continuing to work at full duty. On 06/25/14 she was having intermittent lumbar spine pain rated at 5/10, shoulder pain at 8/10, and knee pain at 8/10. A series of bilateral knee Viscosupplementation injections was started. On 07/30/14 the third injection was performed. Her pain had not changed. She was placed out of work. On 08/06/14 there had been some relief after last the injection. The fourth injection was administered. She was returned to modified work with use of a scooter as needed. X-rays of the knees showed

findings of tricompartmental degenerative joint disease. There were degenerative changes of the shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Topical Compound: Pentravan Plus; Diclofenac; Lidocaine: Overturned

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 (1) Lidoderm (lidocaine patch), Topical Analgesics, Page(s): 56-57 11-113.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic right knee pain. Treatments have included viscosupplementation injections. She is considered a possible candidate for knee surgery. She is obese and unable to take non-steroidal anti-inflammatory medication. Knee x-rays confirm advanced osteoarthritis. The claimant is noted to be working. Pentravan (penetration enhanced vanishing cream) is a transdermal delivery system for drugs and is intended for use as a cream base for pharmaceutical compounding. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Indications for the use of a topical non-steroidal anti-inflammatory medication such as diclofenac include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. In this case, the claimant is noted to be working and the rationale for the requested topical medication is to facilitate weaning from opioid medication. She has localized peripheral pain amenable to topical treatment. Therefore, the requested medication was medically necessary.