

<b>Case Number:</b>	CM14-0159878		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	12/23/2009
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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:

Medical Records reflect the claimant is a 63 year old male who sustained a work injury on 12-23-09. The claimant is status post left knee ACL and medial collateral ligament repair in 1998, stat us post left shoulder arthroscopy with mini open rotator cuff repair and biceps tenodesis on 1-6-12. Medical Records reflect the claimant underwent a right L4-L5 and L5-S1 epidural steroid injection on 7-11-14. Office visit on 7-24-14 notes the claimant had a Synvisc injection on 4-17-14 to the right and on 4-24-14 to the left. The claimant presented for Kenalog injection. The claimant alternates these injections about every three months providing him with benefit. On exam, the claimant has patellofemoral crepitation and grind. There is patellofemoral maltracking to the right. He has large bony changes to the medial femoral compartment of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen/Capsaicin Patch #120 with 1 refill:** 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 compounds Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - topical compound

**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 request is not medically necessary.

**Lidocaine/Hyaluronic Patch #120:** Upheld

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

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