

Case Number:	CM14-0030253		
Date Assigned:	06/20/2014	Date of Injury:	06/05/2008
Decision Date:	07/23/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/10/2014

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 Occupational Medicine 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:

The injured worker is a 48 year old female who is reported to have sustained injuries to her bilateral knees on 06/05/08. The mechanism of injury is not described. The most recent clinical note dated 01/13/14 indicates the injured worker is permanently disabled with known severe bilateral knee osteoarthritis and reported to be too young for a right total knee arthroplasty and presents with persistent discomfort in the bilateral knees. The injured worker reports that weight bearing activity is usually worse for her knees and she is better with rest and non-weight bearing positions. The injured worker is noted to have undergone a series of Orthovisc injections with benefit and intermittently uses Diclofenac and tramadol for pain relief. On physical examination, the injured worker is noted to be 5 feet 3 inches tall, weighs 275 lbs. and has mild tenderness with palpation along both medial joint lines. The injured worker is noted to have a 10 degree extension lag bilaterally with restriction of flexion to 120 and 130 degrees. There crepitus present bilaterally and is noted to have an antalgic gait. The injured worker was recommended to continue with Tramadol and Diclofenac. She subsequently was prescribed a topically compounded cream including several different classes of medications and anesthetic as a means of trying to avoid constant use of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Special Service/Procedure/Report: Retrospective Medications Keta/Diclo/Indom/lido (duration and frequency unknown) DOS 1/13/2014 for treatment of bilateral knees/wrists/shoulders/hands and right hip: 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): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications.

Decision rationale: The California MTUS, the ODG and the United States Food and Drug Administration (FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal-compounded medication be approved for transdermal use. Ketoprofen and Indomethacin have not been approved by the FDA. Any compounded product that contains at least one drug (or drug class) is not recommended so the request for Keta/Diclo/Indom/Lido (duration and frequency unknown) is not supported as medically necessary.