MAXIMUS Federal Services

Case Number:	CM14-0032207		
Date Assigned:	06/20/2014	Date of Injury:	04/11/2002
Decision Date:	07/17/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/13/2014

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 Illinois. 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 50-year-old female with a reported date of injury on 04/11/2002. The mechanism of injury was noted to be a slip and fall. Her diagnoses were noted to include radiculopathy of lower extremities, lumbar spine disc protrusion, internal knee derangement, status post total knee arthroplasty, and left knee status post arthroscopy. Her previous treatments were noted to include surgery and medications. The progress report dated 03/04/2014 reported the injured worker complained of right knee pain with associated swelling that was described as a burning pain. The injured worker reported walking increased her pain and with regards to her low back, her pain was constant and never went away. The physical examination to the knee showed full strength 5/5, extension to 20 degrees with pain, and flexion to 90 degrees. The progress report dated 02/05/2014 reported the injured worker complained of low back pain rated 9/10 as well as tingling in the lower right extremity. The injured worker also complained of frequent pain in her right knee described as burning which she rated 9/10. The physical examination performed to the lumbar spine showed positive straight leg raise as well as moderate paraspinal tenderness, muscle guarding, and spasms bilaterally. Palpation revealed mild spinal tenderness and spasms radiating to the buttocks, thighs bilaterally. The range of motion to the lumbar spine was noted to be flexion to 30 degrees, extension to 15 degrees, and lateral bending right/left was to 20/25 degrees. The examination of the knee revealed nonspecific tenderness to the right knee and palpation indicated severe tenderness at the medial peripatellar, lateral peripatellar and 2+ effusion on the right. The examination revealed positive McMurray's with internal rotation and external rotation revealed pain to both knees. The request for authorization form dated 02/05/2014 was for Flurbi for inflammation and gabacyclotram for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Analgesic Creams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The injured worker was prescribed analgesic creams on 02/05/2014. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics as an option. However, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The request failed to provide what type of analgesic cream was prescribed as well as the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.