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| Case Number: | CM14-0033571 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 10/20/2008 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 03/05/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 66-year-old female that reported an injury on 10/20/2008 due to a fall. The diagnosis to date include; right knee with internal derangement, left knee pain with internal derangement, possible lumbar discogenic pain, and possible bilateral lumbar facet pain L4-L5, L5-S1 and possible lumbar sprain/strain. The injured worker is also morbidly obese. Past treatments included physical therapy, acupuncture for a trial of 6 sessions, and bilateral soft knee braces for support. The injured worker underwent a right knee intra-articular steroid injection on 12/10/2013, as well as left intra-articular steroid injection under fluoroscopy on 05/11/2010. An MRI of the thoracic spine dated 01/22/2013, an MRI of the lumbar spine dated 01/22/2009, and EMG/nerve conduction study on 02/23/2009. The injured worker also had an x-ray of the left knee on 02/04/2010 that showed degenerative osteoarthritis with marked medial compartment narrowing. It was noted the injured worker was diagnosed with lumbar radiculopathy. The injured worker complained of knee pain on the right side as well as pain in the lower back. Knee pain was rated at 7/10 and the lower back pain was rated at 7/10 to 9/10. The injured worker complained that all movements caused pain especially with prolonged sitting, standing, or driving. On physical examination dated 04/19/2014, there was tenderness to the lower back midline extending from L3 to S1, bilateral paravertebral muscle tenderness was noted, bilateral lumbar facet tenderness was noted from L4-5 and L5-S1, and pain with thoracic and lumbar spine movements. There was some tenderness over the medial aspect of the right knee, patellar track was painful, right knee flexion was at 100 degrees, and restricted painful extension at 180 degrees. Examination of the left knee showed tenderness over the medial aspect of the left knee and patella tracking was painful. Left knee movements were also painful. Range of motion of the left knee revealed pain with flexion at 110 degrees and extension at 180 degrees. Tenderness over the posterior, superior aspect of the right shoulder was noted. Bilateral range of motion was within normal limits but painful. The injured worker's medications were Anaprox 550 mg, Ultram

ER 150 mg, and Prilosec 20mg. The treatment plan was for the request of Ultracin topical compound #120. The rationale for the request was the injured worker was not able to tolerate oral medications due to gastrointestinal side effects and the topical cream was beneficial to the injured worker given other topical creams were not beneficial and allowed her to take less oral medications. The Request for Authorization form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin topical compound #120: 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): 111.

Decision rationale: The request for Ultracin topical compound #120 is not medically necessary. According to the California MTUS, "topical analgesics are recommended as an option and are largely experimental in use with few randomly controlled trials to determine the efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents apply locally to painful areas with the advantage that it includes lack of systemic side effects, absence of drug interaction, and no need to titrate. Many agents are compounded as mono-therapy or in combination for pain therapy." There was no mention on physical examination as to a failed trial of antidepressants and anticonvulsants to establish a reason to order the topical analgesic. In addition, the request does not mention the body part to which the topical cream is to be applied nor is the frequency mentioned. As such, the request for Ultracin topical compound #120 is not medically necessary.