

<b>Case Number:</b>	CM14-0034040		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/01/1999
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 45-year-old with reported injury on September 1, 1999. The mechanism of injury was not provided. The injured worker had an exam on February 5, 2014 with complaints of persistent pain of the knees the was aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, prolonged standing and sitting. There was not a pain scale assessment provided. The diagnoses included status post left total knee arthroplasty and status post prior arthroscopic procedure right knee with significant arthritis. The medication list was not provided. The treatment plan recommended pharmacological agents for symptom relief. The request for authorization and the rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Compounded Topical Medication (Hyaluronate, Menthol Crystal, Camphor Crystal, and Capsaicin Powder) 120g: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not recommend any compound product that contains at least one drug (or drug class) that is not recommended. The guidelines state that the efficacy of non-steroidal anti-inflammatory agents has been inconsistent. The guidelines also state that the non-steroidal anti-inflammatory agents show efficacy for four to twelve weeks, but the effect appeared to diminish over time. The guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant of other treatments. There was a lack of documentation of any previous treatments and their efficacy. Furthermore, the request did not specify strength of the medication nor directions as to where the medication was to be placed, frequency and duration. The request for one compounded topical medication (Hyaluronate, Menthol Crystal, Camphor Crystal, and Capsaicin Powder) 120g is not medically necessary or appropriate.