

Case Number:	CM14-0040517		
Date Assigned:	06/20/2014	Date of Injury:	11/10/1995
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 patient is a 59-year-old with an injury date on November 10, 1995. Based on the February 19, 2014 progress report provided by [REDACTED] the diagnoses are brachial neuritis, lumbosacral neuritis NOS, and JT derangement NOS-ankle. An exam on February 7, 2014 showed "antalgic, slow, stooped gait, unable to toe/heel walk. Right shoulder, apprehension test, anterior stress test, posterior stress test and Jobe relocation test are negative ruling out joint instability. Tenderness to palpation in subdeltoid bursa and bicipital tendon. Left hip, tenderness noted over tronchater. Patient assumed lateral decubitus position with knee flexed to 90 degrees - slight abduction of femur with hip extension to its limit with pelvis stabilized produced no significant discomfort. Right knee, McMurray's test positive. Left knee, tenderness to palpation noted over inferior-medial patella and medial joint line." [REDACTED] is requesting Platelet-rich plasma injection to the right knee and transdermal cream. The utilization review determination being challenged is dated February 26, 2014. [REDACTED] is the requesting provider, and he provided treatment reports from December 11, 2013 to February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet-rich plasma injection to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, for Knee and Leg, PRP (Platelet rich plasma) injections.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: This patient presents with severe bilateral knee pain, left hip pain, lower back pain, right shoulder pain, and headaches. The treater has asked Platelet-rich plasma injection to the right knee on February 19, 2014. The February 19, 2014 report and RFA (radiofrequency ablation) do not explain reason for the injection. There is no specific diagnosis of the knee and the treater does not explain for what knee condition this injection is recommended. Regarding platelet-rich plasma injections, ODG guidelines state that it's under study and that there is some support for chronic, refractory tendinopathy and early osteoarthritis. However, the treater does not provide such diagnosis and the review of the reports do not provide the necessary information. The request for platelet-rich plasma injection to the right knee is not medically necessary or appropriate.

Transdermal Cream: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical Medicine, pages 111-113.

Decision rationale: This patient presents with severe bilateral knee pain, left hip pain, lower back pain, right shoulder pain, and headaches. The treater has asked transdermal cream on February 19, 2014 for "diabetic" condition. No other description of the cream is provided in reports. As of February 7, 2014, patient is using Butrans patch for chronic pain. Regarding topical analgesics, the Chronic Pain Medical Treatment Guidelines state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Chronic Pain Medical Treatment Guidelines states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the treater has asked for unspecified transdermal cream but does not include its component ingredients nor explanation of why cream is being requested. As the ingredients of requested transdermal cream are unknown and an assessment of its medical necessity is unable to be provided. The request for transdermal cream is not medically necessary or appropriate.