

Case Number:	CM14-0072717		
Date Assigned:	07/16/2014	Date of Injury:	04/01/2014
Decision Date:	08/14/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/20/2014

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 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:

This 40 year old patient sustained an injury on 4/1/14 from being struck by a rolling backpack while employed by [REDACTED]. There is a past non-industrial right ankle surgery with hardware. A report of 4/4/14 from the provider noted the patient with knee and foot injury after being struck by a rolling backpack on the right knee. Exam showed the right knee with purple ecchymosis to medial knee; full range; negative provocative testing; right foot with ecchymosis with TTP over distal 2nd to 4th MT with full range and intact radial pulse of 2+. Diagnoses included right knee and foot contusion. Treatment included analgesic balm (unspecified) and hot pack; x-rays of right foot/knee pending with Motrin 600mg. The patient was placed on limited standing and walking as tolerated. A hand-written report of 4/21/14 was illegible. An exam showed right knee with brace; squats with minimal discomfort and equal weight bearing. A request for Analgesic Cream (unspecified) was non-certified on 4/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Analgesic Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113, Largely experimental in use with few randomized controlled trials to determine efficacy or safety Page(s): 111-113.

Decision rationale: Within the medical records provided for review there is no demonstrated functional improvement from ongoing refill of an unspecified topical analgesic medication. Per the MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modalities has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesics over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this unspecified topical analgesic. The Analgesic Cream is not medically necessary and appropriate.