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| Case Number: | CM14-0089789 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 12/17/2010 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 05/15/2014 |
| Priority: | Standard | Application Received: | 06/13/2014 |

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 Internal Medicine 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 injured worker is a 56 year old female who suffered a work related injury on 12/17/10. On 12/17/10, during the course of her employment, an inmate was physically attacking one of the physicians and she was forced to step into the altercation. The inmate moved away and as she tried to protect the physician they both fell. During the fall, she sustained a left knee injury. She also injured her hand when the physician fell on top of it. Her hand symptoms resolved but she continued to experience increasing pain in her left knee. The injured worker has had Synvisc injections, Corticosteroid injections, Anti-inflammatory medication, and physical therapy. In April of 2013 the injured worker underwent a left total knee replacement. The most recent medical record submitted for review is dated 05/14/14. On physical examination, the injured worker's right and left knee revealed that the injured worker walks with a shuffling gait. She has slight difficulty walking on heels and toes. Q angles are 5 degrees of valgus. There was 1/2+ tenderness throughout both knees. Medial and lateral facet, tibial tubercle, medial and lateral joint lines, and medial and lateral femoral condyle tenderness. 8 inch anterior total knee replacement scar on the left. No inter or extraarticular swelling. Flexion is 100 degrees on the left and 0 degree extension. Negative McMurray, Lachman, pivot shift, flexion and rotation, patella femoral compression sign, apprehension sign, anterior drawer posterior drawer were all negative. Strength in both lower extremities rated 5/5. Sensation is intact to light touch and pin prick in the lower extremities. Posterior tibial and dorsalis pedis pulses were palpable in both lower extremities. Reflexes are 2+ and symmetrical in the lower extremities. Diagnoses work related injury, left knee with osteoarthritis, status post left total knee replacement. Osteoarthritis, right knee. Prior utilization review on 05/19/14 non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin .0375%, Menthol 10%, Camphor 2.5%, Tramadol 20% 240gm for dispensed on 3/26/14: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), the Official Disability Guidelines (ODG) and US Food and Drug Administration (FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: tramadol which has not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore Capsaicin .0375%, Menthol 10%, Camphor 2.5%, Tramadol 20% 240gm for date of service 3/26/14 is not medically necessary and appropriate.

Flubiprofen 25%, Diclofenac 10% 240gm dispensed on 3/26/14: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), the Official Disability Guidelines (ODG) and US Food and Drug Administration (FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Flubiprofen which has not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore Flubiprofen 25%, Diclofenac 10% 240gm dispensed on 3/26/14 is not medically necessary and appropriate.