

<b>Case Number:</b>	CM14-0089969		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/23/2008
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 60-year-old female injured in a work related accident on 09/23/08. Clinical records provided for review include a recent the 04/07/14 progress report indicating ongoing complaints of pain in the left knee for which the patient recently received a corticosteroid injection for an underlying diagnosis of osteoarthritis. The report states that, based on failed conservative care, the patient is a candidate for total joint arthroplasty. The current working diagnosis is osteoarthritis. There was also a report of an assessment on 05/08/14 giving the patient a diagnosis of lumbar sacral strain, facet joint syndrome and radicular pain for which, based on failed conservative care, the recommendation was made for an epidural steroid injection and continued prescription of topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Medications:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (Web), 2014, Knee & Leg - Hyaluronic Acid Injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines,

Topical Analgesics, page 111-113.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the use of topical agents in this case cannot be recommended as medically necessary. The Chronic Pain Guidelines recommend that topical compounds are largely experimental with few randomized clinical controls demonstrating their long term efficacy or benefit. There is no documentation to determine the agents used in the topical medication for the claimant. Without specific documentation of the topical agent, the continued use of topical analgesics for the claimant's symptoms including low back and knee osteoarthritis would not be supported.