

Case Number:	CM14-0094785		
Date Assigned:	09/22/2014	Date of Injury:	02/06/2007
Decision Date:	10/28/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 58-year-old female who reported an injury on 02/06/2007. The mechanism of injury involved a fall. The current diagnosis is right knee advanced osteoarthritis. It is noted that the injured worker underwent a right knee arthroscopic surgery on 03/27/2012. Previous conservative treatment also includes medication management, ultrasound therapy, and heat therapy. The only physician progress note submitted for this review is documented on 02/18/2014 as a supplemental report and review of records. It is noted that the injured worker currently utilizes Fioricet, Zoloft, Lisinopril, Clonidine, Procardia, and Prilosec. There was no physical examination provided for this review. The treatment recommendations on that date included a return visit in 2 weeks. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOS 02/15/2012: AMITYPTYLINE 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there was no evidence of a failure to respond to first line oral medication. There was no physician progress report submitted on the requesting date of 02/15/2012. There is no frequency or quantity listed in the current request. As such, the request is not medically appropriate.

TRAMADOL 20% DOS 02/15/2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there was no evidence of a failure to respond to first line oral medication. There was no physician progress report submitted on the requesting date of 02/15/2012. There is no frequency or quantity listed in the current request. As such, the request is not medically appropriate.

ULTRADERM DOS 02/15/2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there was no evidence of a failure to respond to first line oral medication. There was no physician progress report submitted on the requesting date of 02/15/2012. There is no frequency or quantity listed in the current request. As such, the request is not medically appropriate.

DICLOFENAC 10% DOS 02/15/2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there was no evidence of a failure to respond to first line oral medication. There was no physician progress report submitted on the requesting date of 02/15/2012. There is no frequency or quantity listed in the current request. As such, the request is not medically appropriate.

FLURBIPROFEN 25% DOS 02/15/2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there was no evidence of a failure to respond to first line oral medication. There was no physician progress report submitted on the requesting date of 02/15/2012. There is no frequency or quantity listed in the current request. As such, the request is not medically appropriate.

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DEXTROMETHORPHAN 10% DOS 02/15/2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there was no evidence of a failure to respond to first line oral medication. There was no physician progress report submitted on the requesting date of 02/15/2012. There is no frequency or quantity listed in the current request. As such, the request is not medically appropriate.