

Case Number:	CM14-0094800		
Date Assigned:	07/25/2014	Date of Injury:	05/11/2005
Decision Date:	08/28/2014	UR Denial Date:	06/12/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 62 year-old female who was reportedly injured on May 11, 2005. The mechanism of injury is listed as knee injury from getting up from a kneeling position. The only medical note available for review was a Functional Capacity Evaluation dated December 9, 2013. Physical examination demonstrated left knee range of motion: flexion 60 degrees, extension 9 degrees; right knee range of motion: flexion 75 degrees, extension 10 degrees. A previous utilization review dated June 12, 2014 reports ongoing complaints of knee pain. The records indicate the claimant underwent a total knee replacement, but it is unclear if surgery was actually performed because there were no knee scars documented on the exam or any recent imaging studies available for review. Diagnosis: left knee sprain and bilateral knee degenerative joint disease. A request was made for 1 container of Amitriptyline 6%, Tramadol 10%, Dextromethorphan 30%, Lipoderm base 240 grams; and 1 container of Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4% 240 grams which were not certified in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 container of Amitriptyline 6%, Tramadol 10%, Dextromethorphan 30%, and Lipoderm base 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended. As such, this request is not considered medically necessary.

1 container of Capsaicin 0.025%, Flurbiprofen 30% and Methyl Salicylate 4% 240 grams:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended. As such, this request is not considered medically necessary.