

Case Number:	CM14-0181872		
Date Assigned:	11/06/2014	Date of Injury:	06/29/2007
Decision Date:	01/15/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational 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:

This patient is a 58 y/o female who has developed persistent low back and left knee pain subsequent to an injury dated 6/9/07. She has been treated with a left total knee replacement, but has an element of chronic residual pain in the knee. She is also described to have chronic low back pain subsequent to DDD and facet arthropathy. She is seen episodically or medication renewals. No opioids are utilized and she is documented to be on a long term home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: MTUS Guidelines supports the use of NSAID medications if there is an inflammatory condition that generated continued pain. The patient's knee and low back meet these standards. With the documented exercise program and lack of opioid use, it is reasonable

to conclude that the Celebrex is effective and without problematic side effects. Under these circumstances it is medically necessary.

Banalag topical ointment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 109.

Decision rationale: MTUS Guidelines support the use of over the counter topicals that include Salicylates. Banalag is a combination of Salicylates and Camphor which has good support for use as an over the counter topical. With the fairly limited use of oral medications it is reasonable to assume that this is beneficial. Other brands with the same ingredients may be more cost effective; MTUS Guidelines do not address this level of detail. The Banalag as an over the counter non-compounded topical is Guideline supported and is medically necessary.