

Case Number:	CM14-0190703		
Date Assigned:	11/24/2014	Date of Injury:	11/02/2012
Decision Date:	01/29/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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 Rehab 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, with a date of injury 11/2/12, is being treated for right knee pain. MRI reportedly shows recurrent medial meniscal tear following partial medial meniscectomy. Physical examination is significant for mild medial joint line and patellar tendon tenderness. On 10/10/14 request was made for compound anti-inflammatory cream for the treatment of osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3%/Baclofen 2%, Bupivacaine 1%/ Cimetidine 3%/ DMSO 4%/ Gabapentin 6%/ Ibuprofen 3%/ Pentoxifylline 3%/ Verapamil 8%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section on chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The injured worker is being treated for knee osteoarthritis following arthroscopic surgery. Request has been made for a compound anti-inflammatory cream containing multiple drugs: Diclofenac, Baclofen, Bupivacaine, Cimetidine, Gabapentin,

Ibuprofen, Pentoxifylline, and Verapamil. MTUS guidelines recommends short-term used of topical NSAIDs for the treatment of osteoarthritis. However, the requested compounded substance includes Baclofen and Gabapentin which are not recommended for topical use. Because the requested medication includes non-recommended substances, according to MTUS guidelines, it would not be recommended. Therefore, the request is not medically necessary.