

Case Number:	CM14-0193492		
Date Assigned:	12/01/2014	Date of Injury:	04/15/1999
Decision Date:	01/27/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/18/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

The injured worker sustained a work related injury after riding a scooter at work and getting off, twisting the left knee, on April 15, 1999. On May 20, 2014, an Orthopedic Surgeon's report noted the injured worker with continued left knee pain, status post a knee scope. The procedure report was not included in the provided documentation. The diagnoses were noted to be post traumatic osteoarthritis of the left knee and morbid obesity. The injured worker was noted to have received multiple prior injections that were no longer helpful. The Primary Treating Physician's report dated October 9, 2014, noted the injured worker had continued to experience significant chronic pain and neuropathic pain from the left knee problem. The Physician noted the injured worker continued to use oral medication and topical treatments as needed for the pain, requiring use of a knee brace. The injured worker's case was noted to be complicated by diabetic vascular issues. Physical examination was noted to show continued tenderness to palpation of the left knee, with a positive patellar sign and edema noted. The diagnoses were noted to be left knee arthropathy and neuropathic pain secondary to the left knee injury, with the injured worker permanently disabled and not considered maximally medically improved. On October 23, 2014, the Physician requested authorization for two tubes of Monarch Pain Cream. On October 30, 2014, Utilization Review evaluated the request for two tubes of Monarch Pain Cream, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that the guidelines use of topical analgesics included that any compounded product that contains at least one drug or drug class that is not recommended is not recommended, and that the composition of the requested cream was not reported. The UR Physician noted that based on the clinical information provided and use of evidence based guidelines, the request for two tubes of Monarch Pain Cream was non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monarch Pain Cream #2 Tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The documentation submitted for review and internet search yielded no results regarding the contents of Monarch pain cream. Without this information, medical necessity cannot be affirmed. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, the request is not medically necessary.