

Case Number:	CM14-0196692		
Date Assigned:	12/08/2014	Date of Injury:	03/03/2010
Decision Date:	02/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/25/2014

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, has a subspecialty in Interventional spine 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 patient is a 50 year old female with an injury date of 11/07/14. Based on the 09/02/14 progress report provided by treating physician, the patient complains of bilateral residual knee pain controlled with crutches and knee braces. Physical examination to the knees revealed mild effusion and the appearance of early arthritic changes. Left-sided chronic valgus deformity and bilateral crepitus present. The right knee is straighter. Treater plans to continue maintenance care, engage patient in weight loss exercise and braces, and ask approval for Synvisc Injection. Patient remains temporarily totally disabled. Diagnosis 09/02/14- Bilateral knee pain and early arthritic changes. The utilization review determination being challenged is dated 11/07/14. UR letter states: "This is a retrospective request for the compound medication: gabapentin/ amitriptyline/ dextromethorphan and cyclobenzaprine/ flurbiprofen/ tramadol for date of service 09/04/14." Treatment reports dated 09/02/14 was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Compound Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams (chronic pain section) Page(s): 111.

Decision rationale: The patient presents with f bilateral residual knee pain controlled with crutches and knee braces. The request is for RETROSPECTIVE COMPOUND CREAM. Patient's diagnosis on 09/02/14 was bilateral knee pain and early arthritic changes. Physical examination to the knees revealed mild effusion and the appearance of early arthritic changes. Left-sided chronic valgus deformity and bilateral crepitus present. The right knee is straighter. Treater plans to continue maintenance care, engage patient in weight loss exercise and braces, and ask approval for Synvisc Injection. Patient remains temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. "" Treater has not provided reason for the request. UR letter dated 11/07/14 states: "This is a retrospective request for the compound medication: gabapentin/ amitriptyline/ dextromethorphan and cyclobenzaprine/ flurbiprofen/ tramadol for date of service 09/04/14." MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains requested compounded cream contain Gabapentin, Cyclobenzaprine, and Tramadol; which are not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.