MAXIMUS Federal Services

Case Number:	CM14-0197203		
Date Assigned:	12/05/2014	Date of Injury:	05/26/2010
Decision Date:	01/26/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 on May 26, 2010, tripping over a metal base, landing on the knees with immediate swelling, and bruising, developing sharp severe pain radiating down the legs. The injured worker was noted to have undergone a right knee arthroscopy with partial lateral meniscectomy as well as a chondroplasty in April 2011. The surgical report was not included in the documentation provided. The Primary Treating Physician's report dated September 17, 2014, noted the injured worker with complaints of headaches, as well as pain in the bilateral knees, increased from the previous visit. Physical examination was noted to show grade three tenderness to palpation of the right hip, with restricted range of motion. The right thigh was noted to have a grade three tenderness to palpation, with a grade two tenderness to palpation over the right knee, decreased from a grade three on the last visit, and grade two tenderness to palpation over the left knee, unchanged from previous visit, with restricted range of motion. The diagnostic impressions included headaches, right hip/piriformis pain, bilateral knee strain/sprain, status post right knee surgery, bilateral knee degenerative joint disease, bilateral knee pes anserinus bursitis tendinosis, gastrointestinal distress secondary to pain, and depression secondary to pain. The treatment plan included continued physical therapy, Omeprazole, and TG Hot. The Physician noted that the topical medication was prescribed in order to minimize possible neurovascular complications, and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAIDs medication. The Physician requested authorization for TG Hot 180gm.On October 30, 2014, Utilization Review evaluated the request for TG Hot 180gm, citing the MTUS Chronic Pain Medical Treatment Guidelines, MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, and the Official Disability Guidelines (ODG). The UR Physician noted there was no documentation of treatment for

neuropathic pain with failed first-line therapy of antidepressants and anticonvulsants, as recommended by the guidelines. The UR Physician noted that based on the currently available information, the medical necessity of the topical agent had not been established, therefore the request for TG Hot 180gm 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:

TG Hot 180gm: Upheld

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

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

Decision rationale: This patient has complained of bilateral knee pain since date of injury 5/26/2010 and has been treated with surgery (right knee arthroscopy and meniscectomy), physical therapy and medications. The current request is for TG hot 180 gm. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, TG hot 180 gm is not indicated as medically necessary.