

Case Number:	CM15-0005035		
Date Assigned:	01/16/2015	Date of Injury:	01/05/2010
Decision Date:	03/18/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 54 year old male with a date of injury as 01/05/2010. The current diagnoses include chronic knee pain, bilateral knee osteoarthritis, diabetic neuropathy, and status post nerve stimulator for chronic pain. Previous treatments include oral and topical medications, and implanted nerve stimulator. Physician's reports dated 06/05/2014 through 11/06/2014 were included in the documentation submitted for review. Report dated 11/06/2014 noted that the injured worker presented with complaints that included continued bilateral foot pain and burning sensation secondary to diabetic neuropathy and spinal stenosis, and bilateral knee pain. It was noted that the injured worker had used Dermatran cream in the past which greatly helped his symptoms. A detailed physical examination was not provided for this date of service. Report dated 06/05/2014 notes that the injured worker was prescribed Neurontin and Lyrica. A current medication regimen was not provided. The utilization review performed on 12/11/2014 non-certified a prescription for bupivacaine, dic/dox/ba/orph/pent based on no documentation to support that the injured worker has neuropathic pain or that a trial of antidepressant and/or anticonvulsant medication has been tried and failed. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupivacaine, dic/dox/bab/orph/pent, 340 grams with five refills: 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): 111-113.

Decision rationale: The patient presents with knee pain. The current request is for Bupivacaine, dic/dox/bab/orph/pent, 340 grams with five refills. The treating physician states, "At times he is losing his balance and falling because of his knee pain." (pg 30). The MTUS guidelines state for Topical Analgesics, "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." In this case, there is no report submitted indicating that antidepressants and anticonvulsants have failed and the compounded topical analgesic that is prescribed does not list exactly what is in the medication to cross reference the MTUS guidelines. The current request is not supported by the MTUS guidelines based on the documentation submitted for review. Recommendation is for denial.