

Case Number:	CM15-0138296		
Date Assigned:	07/28/2015	Date of Injury:	05/14/1999
Decision Date:	08/25/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old male, who sustained an industrial injury on 5/14/99. The injured worker was diagnosed as having right knee arthrosis with chondromalacia, right knee degenerative joint disease, right hip pain, and status post right knee arthroscopy. Treatment to date has included the use of a cane, the use of a knee brace, and medication. The injured worker had been using Flurbiprofen/Diclofenac/Gabapentin/Lidocaine cream since at least 5/22/15. Currently, the injured worker complains of right knee pain. The treating physician requested authorization for Flurbiprofen/Diclofenac/Gabapentin/Lidocaine cream 10%/10%/2%/10%/5% 180g and an orthopedic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Flurbiprofen/ Diclofenac/ Gabapentin / Lidocaine Cream 10%/10%/2%/10%5% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Gabapentin is not recommended as a topical ingredient by the MTUS, and therefore the request for a compound containing Gabapentin for topical use cannot be deemed medically necessary.

1 Orthopedic Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The MTUS ACOEM guidelines discuss consideration of specialty consultation in the case of several types of musculoskeletal injuries if symptoms are persistent for more than a few weeks. In this case, the patient has several issues causing a long and chronic pain scenario which is difficult to treat. Given the history of chronic pain and treatment with multiple providers, it is reasonable to seek assistance from an orthopedic surgeon. The patient has been evaluated by orthopedics and is slated to follow up for further evaluation, which is reasonable as multiple treatment modalities have been recommended. Given the complexity of the patient's history, consultation with orthopedics is appropriate to ensure adequate oversight, risk assessment, and eventual plan for surgery if necessary. In the opinion of this reviewer, the request for consultation with orthopedics is warranted, and therefore the request is considered medically necessary.