

Case Number:	CM15-0143702		
Date Assigned:	08/04/2015	Date of Injury:	01/19/2012
Decision Date:	09/01/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 60 year old male patient who sustained an industrial injury on January 19, 2012. A primary treating office visit dated June 12, 2015 reported the patient with continued subjective complaint of bilateral knee pain. The patient is status post hemi-arthroplasty of the right knee with residual pain. His knee has progressively worsened with time. Recent radiographic study done on June 03, 2015 showed mild tricompartmental arthritis with broad horizontal cleavage tear involving the entire medial meniscus with some fraying and irregularity of the free edge of the medial meniscus. He was diagnosed with: status post right knee multiple arthroscopic procedures; status post right knee medial knee compartment replacement; left knee internal derangement with medial meniscus horizontal cleavage tear, degenerative type, and lumbar myofascial pain superimposed on lumbar degenerative disc disease at L5-S1. There is recommendation to proceed with left knee arthroscopic partial medial meniscectomy and chondroplasty. The patient is noted not a candidate for replacement at this time. Regarding the right knee he may require revision of the medial compartment to a total knee replacement; initially arthroscopic evaluation. He was prescribed Norco 10mg 325 mg, Prilosec, and Anaprox. In addition, there is recommendation to start a topical analgesia, compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Related surgical services; Topical Analgesic containing Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, 300 grams, applied 3 times a day with 3 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): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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; there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Therefore it is not medically necessary.