

Case Number:	CM15-0146987		
Date Assigned:	08/07/2015	Date of Injury:	11/14/2011
Decision Date:	09/11/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/28/2015

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 58 year old female, who sustained an industrial injury on 11-14-11. She reported injury to her left knee after being kicked by a client. The injured worker was diagnosed as having osteoarthritis-lower leg and derangement of the medial meniscus. Treatment to date has included a left knee partial meniscectomy on 9-28-12, a right knee replacement on 3-12-15, psychiatric treatments, physical therapy, Temazepam and Tylenol #3. As of the PR2 dated 6-24-15, the injured worker reports continue pain in her left knee. Objective findings include tenderness over the left medial joint line, +1 effusion and pain with flexion beyond 120 degrees. The treating physician requested MC-KDL D Cream Ketoprofen 5%-Diclofenac 1.3%-Lidocaine 3%-DMSO 3% x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

MC-KDL D Cream Ketoprofen 5% Diclofenac 1.3% Lidocaine 3% DMSO 3% SIG Apply 1-2 Pumps to Affected Area 3-4x daily; 3 refills: 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 IW is a 58 year old woman who injured her left knee when she was kicked by a client on 11/14/2011. She was treated with medication, physical therapy, a left partial meniscectomy and psychiatric therapy. Her medications include Temezapam and Tylenol #3. Physical exam demonstrated pain over the left medial joint line, 1+ effusion and pain with flexion beyond 120 degrees. CA MTUS topical compound chapter recommends topical compounds 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. See Duragesic (fentanyl transdermal system).] In this case, the requested cream contains DMSO which is not a recommended drug. The requested medication is not medically necessary.