

Case Number:	CM15-0185263		
Date Assigned:	09/25/2015	Date of Injury:	03/04/2009
Decision Date:	11/02/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/21/2015

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
 Certification(s)/Specialty: Emergency 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:

This 59 year old female sustained an industrial injury on 9-8-14. Documentation indicated that the injured worker was receiving treatment for right knee osteoarthritis and lumbar degenerative disc disease. Previous treatment included physical therapy and medications. In an initial orthopedic evaluation dated 6-25-15, the injured worker complained of almost constant pain to bilateral knees associated with occasional slight swelling a feeling of giving way. In a PR-2 dated 8-13-15, the injured worker complained of ongoing right knee pain that was worse first thing in the morning when she tried to get out of bed. Physical exam was remarkable for "diffuse" tenderness to palpation about the right knee with no joint effusion. The injured worker walked without a noticeable limp. The physician offered a series of Synvisc injections but the injured worker declined. The treatment plan included medications (Relafen, Protonix and transdermal pain cream) and a prescription for cold packs and Hyland's leg cramps. On 8-25-15, Utilization Review noncertified a request for MED Hyland's leg cramps OTC.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Hyland's Leg Cramps OTC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter. Herbal medicines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The requested MED Hyland's Leg Cramps OTC, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first line therapy of antidepressants and anticonvulsants". The injured worker has constant pain to bilateral knees associated with occasional slight swelling a feeling of giving way. In a PR-2 dated 8-13-15, the injured worker complained of ongoing right knee pain that was worse first thing in the morning when she tried to get out of bed. Physical exam was remarkable for "diffuse" tenderness to palpation about the right knee with no joint effusion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, MED Hyland's Leg Cramps OTC is not medically necessary.