

Case Number:	CM15-0185633		
Date Assigned:	10/02/2015	Date of Injury:	09/23/2011
Decision Date:	11/25/2015	UR Denial Date:	09/04/2015
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: 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 57-year-old male, who sustained an industrial injury on 9-23-11. He is diagnosed with bilateral knee internal derangement, leg pain and discogenic lumbar condition with radiculopathy. The injured worker is not currently working and is receiving permanent disability benefits. A note dated 7-21-15 reveals complaints of low back pain that radiates to his right hip. The pain is increased by prolonged sitting and standing, lifting, twisting, driving lying down and bearing down and is relieved by lying on his back, medications and using a lumbar support. A note dated 8-26-15 reveals the injured worker reports tolerance for walking is 20-25 minutes with the use of his cane, sitting is 35 minutes and lifting is 20 pounds or less (subjective complaints of the bilateral knees was not included in the documentation). Physical examinations dated 5-27-15 - 8-26-15 revealed tenderness along the joint line medially with a positive McMurray's test on the right and tenderness along both joint lines with a positive McMurray's test medially and laterally on the left. Treatment to date has included medications, DonJoy brace for the left knee and a hinged brace for the right knee, hot-cold wrap, TENS unit, cane for ambulation, back brace, acupuncture, radiofrequency ablation, bilateral transforaminal epidural injection at L4-L5 (provided some relief), surgical intervention (left open reduction internal fixation with stabilization of tibial plateau) and left knee Hyalgan injection. Diagnostic studies to date has included MRI (2014) reveals a right knee medial meniscus tear and a right knee x-ray reveals a 2 mm articular surface left with a squatted view, a left knee MRI (2014) reveals loose bodies along the lateral joint line and left knee x-ray revealed no articular surface along the left medial joint line on standing films, per physician note dated 8-26-15. He had an

electromyogram of the bilateral lower extremity, which revealed L5 radiculopathy. A request for authorization dated 8-28-15 for Amicare topical ointment #6 is denied, per Utilization Review letter dated 9-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amicare topical ointment qty: 6: Upheld

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

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

Decision rationale: The patient presents with pain in the lower back and the left lower extremity, and bilateral knee pain. The request is for Amicare topical ointment QTY: 6. Physical examination to the right knee on 08/26/15 revealed tenderness to palpation along the joint line medially with a positive McMurray's test. Examination to the left knee revealed tenderness along both joint lines with a positive medially and laterally. Per 08/26/15, Request for Authorization form, patient is diagnosis includes pain in limb, and unspecified internal derangement of knee. Patient's medications, per 07/21/15 progress report include Insulin, Lisinopril, Reglan, Prilosec, Celexa, Gabapentin, Lipitor, and Lantus. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics section, page 111 states: "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. (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." The treater has not specifically addressed this request. The patient continues with low back pain and pain in the bilateral knees. Patient's diagnosis includes pain in limb, and unspecified internal derangement of knee. A prescription for Amicare topical ointment is first noted in 08/24/15 progress report. Review of the medical records provided did not indicate prior use and it appears that the treater is initiating it. MTUS Guidelines recommend topical analgesics for neuropathic pain, which this patient does not present. Therefore, the request is not medically necessary.