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| Case Number: | CM15-0201690 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 09/02/2013 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 10/07/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 34 year old female who sustained an industrial injury on 9-2-13. The injured worker reported bilateral knee and left ankle pain. A review of the medical records indicates that the injured worker is undergoing treatments for bilateral knee strain sprain, left knee meniscal tear and left ankle pain. Medical records dated 6-4-15 indicate pain rated at 7-8 out of 10. Provider documentation dated 6-4-15 noted the work status as temporary totally disabled. Treatment has included physical therapy, radiographic studies, medications, acupuncture treatment, magnetic resonance imaging and a transcutaneous electrical nerve stimulation unit. Objective findings dated 6-4-15 were notable for bilateral knees with tenderness to palpation, left ankle to "grade 2 to 3 tenderness to palpation, which has remained the same since her last visit." The original utilization review (10-7-15) denied a request for compound cream 180gm for symptoms related to both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream 180gm for symptoms related to both knees: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: Compound cream 180gm for symptoms related to both knees is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request does not specify a quantity or what drugs are contained within this product therefore this request is not medically necessary.