

Case Number:	CM15-0206945		
Date Assigned:	10/27/2015	Date of Injury:	06/04/2002
Decision Date:	12/14/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/21/2015

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: Family Practice

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 61 year old male who sustained an industrial injury on 6-4-02. A review of the medical records indicates he is undergoing treatment for osteoarthritis of the lower leg. Medical records (3-14-13, 1-23-15, and 4-27-15) indicate complaints of increased left knee pain and popping. The injured worker reports "slowly progressively worsening of pain and swelling in his left knee" (4-27-15). The physical exam (4-27-15) reveals that the injured worker has been using "topical cream". "0-125 degrees of flexion" is noted in the left knee. No effusion is noted. Negative anterior and posterior drawer test is noted. Diagnostic studies have included x-rays of bilateral knees, showing left knee medial joint narrowing "slightly worse"; ACL reconstruction stable, no change. Treatment has included compound topical cream since, at least, 3-4-13, knee bracing, and a pain management program. The utilization review (10-2-15) includes requests for authorization of Microsome Plus Base, Capsaicin 0.0375% and Menthol Crystal - date of service 7-13-15 #1 and Exoten-C pain relief - date of service 3-14-13 #1. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Compound meds (Microsome plus base, Capsaicin 0.0375% and Menthol Crystal)
DOS 7/13/15 Qty: 1.00: 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: Per the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. In this case, the medical records do not establish evidence of neuropathic pain. In addition, the medical records do not establish that the injured worker is unable to tolerate oral medications. The request for Retro: Compound meds (Microsome plus base, Capsaicin 0.0375% and Menthol Crystal) DOS 7/13/15 Qty: 1.00 is not medically necessary and appropriate.

Exoten-C pain relief LOT DOS 3/14/13 Qty: 1.00: 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: Per the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. In this case, the medical records do not establish evidence of neuropathic pain. In addition, the medical records do not establish that the injured worker is unable to tolerate oral medications. The request for Exoten-C pain relief LOT DOS 3/14/13 Qty: 1.00 is not medically necessary and appropriate.