

Case Number:	CM15-0207727		
Date Assigned:	10/26/2015	Date of Injury:	08/16/2013
Decision Date:	12/14/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/22/2015

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 52 year old male who sustained an industrial injury on 8-16-13. A review of the medical records indicates he is undergoing treatment for right knee internal derangement, right knee medial meniscus tear, right knee sprain and strain, and status-post surgery of the right knee. Medical records (5-20-15, 6-24-15, 7-7-15, 7-29-15, 8-26-15, 9-2-15, and 9-24-15) indicate ongoing complaints of right knee pain that radiates to the right foot and ankle. He describes the pain as burning, stiffness, heaviness, sharp, dull, and achy. He reports associated numbness and tingling, as well as weakness. He rates the pain "6-7 out of 10". The physical exam (9-24-15) reveals "WHSP x 2". "Mild" diffuse swelling is noted of the right knee. His gait is antalgic. Motor strength is noted to be "4 out of 5" in the right hamstring and right quad. Range of motion is decreased and painful. Flexion is noted "130 degrees out of 140 degrees". Extension is "0 degrees out of 0 degrees". Tenderness to palpation is noted of the anterior, lateral medial, and posterior knee. Muscle spasm is noted of the anterior, lateral, medial, and posterior knee. McMurray's test causes pain. Treatment has included oral and topical medications. His medications have included Norco, Meloxicam, Neurontin, Protonix, Tramadol, Voltaren, Flurbiprofen 20%-Baclofen 10%-Dexamethasone micro 0.2%-Hyaluronic acid 0.2% compound cream, and Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5%- Hyaluronic acid 0.2% compound cream. He has been referred to acupuncture since, at least, 7-7-15. The records do not indicate if he has been receiving acupuncture treatment. The utilization review (9-29-15) includes a request for authorization of Diclofenac 25%, Tramadol 15% 240gm #1. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 25%, Tramadol 15% 240gm #1: 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, Opioids, criteria for use.

Decision rationale: The patient presents with ongoing complaints of right knee pain that radiates to the right foot and ankle. The current request is for Diclofenac 25%, Tramadol 15% 240gm #1. The treating physician states, in a report dated 09/24/15, "Diclofenac 25%, Tramadol 15% 240gm #1" (59B). The MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the treating physician, based on the records available for review, has prescribed a compound medication containing Tramadol. There is no documentation that supports usage of a topical opioid for this patient. The required criteria for opioid usage is not found in the records provided. The current request is not medically necessary.