MAXIMUS Federal Services

Case Number:	CM15-0208859		
Date Assigned:	10/27/2015	Date of Injury:	09/16/2012
Decision Date:	12/15/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/23/2015

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: New York, West Virginia,
Pennsylvania 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 is a 60 year old male with a date of injury of September 16, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for right knee internal derangement and right knee chondromalacia patella. Medical records dated July 23, 2015 indicate that the injured worker complained of bilateral knee pain right greater than left rated at a level of 7 to 8 out of 10, and numbness and tingling in the right lower extremity. Records also indicate that the injured worker complained of sleep difficulties. A progress note dated September 3, 2015 documented complaints similar to those reported on July 23, 2015. Per the treating physician (September 3, 2015), the employee was temporarily totally disabled. The physical exam dated July 23, 2015 reveals an antalgic gait favoring the right, non-specific tenderness to palpation of the right knee at the medial and lateral joint lines, positive Apley's grinding test on the right, decreased range of motion of the right knee, and pain with compression along the patellofemoral joint on the right. The progress note dated July 23, 2105 documented a physical examination that showed no changes since the examination performed on July 23, 2015. Treatment has included medications (TGIce and Flurbiprofen cream since at least June of 2015), knee bracing, and acupuncture. The utilization review (October 5, 2015) non-certified a request for TGIce compound cream, Flurbiprofen 20% compound cream, and a right knee weight bearing brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGIce compound cream: 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: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, the compound contains Gabapentin which is not supported as a topical drug. The request for topical TGIce compound cream is not medically appropriate and necessary.

Flurbiprofen 20% compound cream: 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: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, Flurbiprofen contains drugs that are not recommended. The request for topical Flurbiprofen is not medically appropriate and necessary.

Right knee weight bearing brace: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

Decision rationale: Guidelines state a knee brace can be used for ligamentous instability and is only necessary if the patient is going to be stressing the knee under a load. In this case, the patient does not have ligament instability and is not stressing his knee under a load. The request for a knee brace is not medically appropriate and necessary.