

Case Number:	CM15-0027054		
Date Assigned:	03/17/2015	Date of Injury:	05/20/2003
Decision Date:	04/17/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 67 year old male, who sustained an industrial injury on May 20, 2003. The diagnoses have included prepatellar bursitis, leg pain, joint and hypertension. Treatment to date has included four left knee surgeries, last one five years ago, oral pain medications, knee brace, drug testing and laboratory studies. Currently, the injured worker complains of left knee pain. In a progress note dated December 11, 2014, the treating provider reports examination of the left knee revealed minimal swelling and TTP over knee generalized restricted range of motion and antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

DermaTran Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Dermatran cream is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Dermatran contains diclofenac 3%, baclofen 2%, Bupivacaine 1%, gabapentin 6%, Ibuprofen 3%, and pentoxifylline 3%. In this case, the injured worker's working diagnoses are pre-patella bursitis; leg pain (joint); and hypertension. The documentation indicates the patient's chronic left knee pain is made manageable with Oxycodone 10 mg and Roxycodone 30 mg. Dermatran cream contains Diclofenac 3%, Baclofen 2%, Bupivacaine 1%, Gabapentin 6%, Ibuprofen 3%, and pentoxifylline 3%. Topical baclofen is not recommended. Topical Gabapentin is not recommended. Topical Ibuprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (topical baclofen, gabapentin and ibuprofen) that is not recommended is not recommended. Consequently, Dermatran is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Dermatran cream is not medically necessary.