MAXIMUS Federal Services

Case Number:	CM15-0030035		
Date Assigned:	02/23/2015	Date of Injury:	10/11/2000
Decision Date:	04/02/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/18/2015

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
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 70-year-old male, with a reported date of injury of 10/11/2000. The diagnoses include left knee internal derangement. Treatments have included an MRI of the left knee on 03/05/2013, an H-wave unit, oral medications, and an x-ray of the left knee. The progress report dated 10/09/2014 indicates that the injured worker complained of left knee pain. The physical examination was documented as no changes from the last visit. The treating physician requested an H-wave unit and topical cream Flurbiprofen/Gabapentin/ cyclobenzaprine. The rationale for the request was not indicated. On 02/11/2015, Utilization Review (UR) denied the request for an H-wave unit and topical cream Flurbiprofen/Gabapentin/ Cyclobenzaprine, noting that there was no evidence of functional restoration or a failed trial of a transcutaneous electrical nerve stimulation (TENS) unit; and there was little to no research to support the use of many of the topical agents and any compounded product that contains at least one drug that is not recommended is not recommended. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

H wave: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Unit Page(s): 117 - 118.

Decision rationale: The patient is a 70 year old male with left knee pain; he had an injury on 10/11/2000. There is no documentation of neuropathy or radicular pain; he had internal derangement of his left knee. MTUS guidelines note that an H-wave unit is not recommended treatment. MTUS notes that H-wave units are used to treat muscle spasm or acute pain (as opposed to neuropathy or radicular pain) but there is no published documentation to support this use. The requested H-wave unit is not medically necessary.

Topical cream: flurbiprofen, gabapentin, cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 70 year old male with left knee pain; he had an injury on 10/11/2000. MTUS guidelines note that if one active ingredient of a topical analgesic is not recommended then the entire compound is not recommended. Topical gabapentin cream is not recommended and thus the requested compound medication is not recommended; it is not medically necessary.