

Case Number:	CM15-0032161		
Date Assigned:	02/25/2015	Date of Injury:	02/01/2010
Decision Date:	04/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 54 year old male with an industrial injury dated 12/31/2001-02/20/2010. On 10/13/2014, the injured worker presented for follow up with complaints of left knee pain with cracking and tenderness inside of the knee. He was also complaining of left wrist pain and pain in the right fingers. Physical findings were tenderness over the CM joint, left thumb. Prior treatment includes gym exercises, surgery and medications. Diagnoses: Degenerative arthritis of the left knee. Status post anterior cruciate ligament reconstruction left knee in 1999. Status post arthroscopy, left knee in 2000. Status post total knee replacement, left knee 11/26/2012. De Quervain's tendinitis, left wrist. On 10/13/2014 a prescription was written for the request documented below. On 01/26/2015 the request for compound medication Tramadol HCL/ Acetaminophen Powder/Cellulose microcrystalline and Flurbiprofen/Lidocaine/Pentranan. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Tramadol HCL, Acetaminophen powder, Cellulose microcrystalline and Flurbiprofen, Lidocaine and Pentranan: 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 Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with his knee pain and carpal tunnel syndrome bilaterally. The request is for compound medication Tramadol HCL/Acetaminophen powder/cellulose microcrystalline and Flurbiprofen/ Lidocaine/Pentran. MTUS guidelines do not recommend Tramadol as topical cream. MTUS page 111 do not support compounded topical products if one of the components are not recommended. The MTUS guidelines page 112 on topical lidocaine do not allow any other formulation of Lidocaine other than in patch form. Furthermore, there is no indication of each ingredient % or dosage. Given the lack of support for topical Tramadol or Lidocaine, the request IS NOT medically necessary.