

Case Number:	CM15-0032843		
Date Assigned:	02/26/2015	Date of Injury:	07/08/2014
Decision Date:	04/08/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old male who reported an injury on 07/08/2014 due to an unspecified mechanism of injury. On 12/18/2014, he presented for a followup evaluation. He reported pain in the left knee rated at an 8/10 and noted to be unchanged from previous visits. His medications included Bactrim, doxazosin, and Norco. A physical examination of the left knee showed a well healed incision in the midline. There was no calf tenderness and he was immobilized in a knee immobilizer. There were no signs of gross infection and there was warmth and heat with swelling noted. Range of motion was noted to be painful and there was crepitus noted as well. There were no clinical signs of instability and he had normal quadriceps and hamstring strength. He was diagnosed with status post left TKA with subsequent knee infection and I&D with removal of tibial tray. The treatment plan was for compound patches. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound patch #1 Flurbiprofen 10%, Capsaicin 0.025% cream 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, compounded. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) updated 01/19/15 Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not show that the injured worker has tried and failed all recommended oral medications to support the request for a topical analgesic. Also, the quantity and frequency of the patches was not stated within the request. Furthermore, there is a lack of evidence showing that the injured worker has neuropathic pain and his response to the topical analgesic was not clearly documented. Therefore, the request is not supported. As such, the request is not medically necessary.

Compound patch #2 Lidocaine 6%, Hyaluronic 0.2% cream 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, compounded. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) updated 01/19/15 Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not show that the injured worker has tried and failed all recommended oral medications to support the request for a topical analgesic. Also, the quantity and frequency of the patches was not stated within the request. Furthermore, there is a lack of evidence showing that the injured worker has neuropathic pain and his response to the topical analgesic was not clearly documented. Therefore, the request is not supported. As such, the request is not medically necessary.