

Case Number:	CM15-0037679		
Date Assigned:	03/06/2015	Date of Injury:	07/18/2011
Decision Date:	04/10/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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:

The injured worker was a 32 year old female, who sustained an industrial injury, July 18, 2011. According to progress note of December 17, 2014, the injured workers chief complaint was left knee injury and pain. The injured worker had no medications. The injured worker wore a brace to the left knee and continued to have issues with it giving out. The cortisone injection was not helpful. The postoperative exam of the left knee range of motion was 10-90 degrees with pain and crepitation muscle strength was 5 out of 5. The injured worker was diagnosed with left knee injury, 0setoarthritis of the left knee, closed fracture of the left patella, unspecified internal derangement of the knee and dege4nerative medical compartment and degenerative tone of dermal compartment with posttraumatic osteoarthritis. The injured worker previously received the following treatments left knee brace, cortisone injection, CT scan of the left knee, physical therapy, permanent H-wave therapy, ultrasound of the left knee, TENS (transcutaneous electrical nerve stimulator) unit and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: DOS: 12/17/2014 Versapro base; cyclobenzaprine cream; lidocaine 30gm: 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 rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended". 1) Versapro: The base for compounded creams. Not active compound. Not recommended. 2) Cyclobenzaprine: Not recommended for topical application. 3) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. Patient has no neuropathic related pathology and not documentation of failure of 1st line treatment. Not recommended. Not a single component is recommended. Versapro/ Cyclobenzaprine/Lidocaine cream is not medically necessary.