

Case Number:	CM15-0038924		
Date Assigned:	03/09/2015	Date of Injury:	08/09/2009
Decision Date:	04/10/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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

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 68-year-old male, who sustained an industrial injury on August 9, 2009. He reported a work-related injury to his right knee. The injured worker was diagnosed as having persistent right knee pain with reported swelling and status post total knee arthroplasty. Treatment to date has included diagnostic studies, surgery, physical therapy and medications. On January 19, 2015, the injured worker was noted to have a painful right total knee arthroplasty secondary to metal allergy. Physical examination showed a well-healed incision and moderate edema. He continued to improve with physical therapy and medications were providing pain control. The plan was for continued physical therapy for range of motion and strengthening, Norco pain medication and topical Voltaren gel as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Baclofen/Cyclobenzaprine/Gabapentin/Lidocaine/Professional compounding Centers of America Lipoderm base powder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non Steroidal Anti Inflammatory Drugs; Lidocaine Indication; Baclofen Page(s): 111; 112;113.

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

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Gabapentin is not FDA approved for a topical application and there is no indication for two muscle relaxants in a single topical compound. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.