

Case Number:	CM15-0044203		
Date Assigned:	03/16/2015	Date of Injury:	07/01/2009
Decision Date:	04/16/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 sixty six year old female who sustained an industrial injury on July 1, 2009. She has reported left knee pain with great toe numbness and tingling and has been diagnosed with mechanical loosening of prosthetic joint, knee replacement, left Hx of, and obesity. Treatment has included surgery and medication management. Currently the injured worker complains of left knee pain, swelling, crepitus, and instability. There was also left great toe numbness and tingling. The treatment request included Dermatran transdermal cream 120 grams with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dermatran Transdermal Cream 120 grams, 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti depressants and anti convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the compounds ingredients are not specified. In addition the claimant had been on it for several months. 5 months additional refills were requested. The long-term us of topical analgesics are not recommended and the Dermatran with 5 refills is not medically necessary.