

Case Number:	CM15-0045471		
Date Assigned:	03/17/2015	Date of Injury:	05/10/2011
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/10/2015

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, Pulmonary Disease

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 sustained an industrial injury on 05/10/2011. He reported pain in the right knee while going down stairs. Diagnoses include arthritis of the knee, medial compartment, right, and chondromalacia of the right knee. There was documentation that indicated right knee surgery completed in 1972 and surgery on the right knee in 2012 followed by physical therapy. Treatments to date include anti-inflammatory, analgesic, and activity modification, physical therapy, steroid injection and Synvisc injection. Currently, they complained knee pain associated with locking, popping, grinding and giving way. On 10/3/15, the physical examination documented radiographical imaging results. The plan of care included continuation of medication therapy, including a topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabecyclotram cream #180: 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 Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 58 year old male with an injury on 05/10/2011. He had right knee pain going down stairs. He previously had right knee surgery in 1972 and then repeat right knee surgery in 2012. MTUS, Chronic Pain guidelines note that if one active ingredient of a compound topical analgesic is not recommended, then the entire compound is not recommended. Gabapentin is not recommended; thus, the requested compound medication is not recommended. The request is not medically necessary.