

Case Number:	CM15-0085312		
Date Assigned:	05/08/2015	Date of Injury:	03/11/2012
Decision Date:	06/15/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/05/2015

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, Tennessee
 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 is a 52-year-old female, who sustained an industrial/work injury on 3/11/12. She reported initial complaints of knee pain. The injured worker was diagnosed as having chondromalacia of patella, osteoarthritis, lower leg sprain/strains. Treatment to date has included medication, antibiotics, knee brace, walker, CPM (continuous passive motion) machine, home exercise, surgery (right partial knee replacement on 4/12/13 and total knee replacement on 2/25/15) and physical therapy. Currently, the injured worker complains of fever and elevated blood pressure. Ambulation was with use of a walker. Per the orthopedic consultation on 3/17/15, examination revealed staples were removed, wound is benign, and there is limited range of motion of her knee. X-rays demonstrate the knee replacement in good position. Current plan of care included aggressive course of therapy to improve motion. The requested treatments include Pracasil 120 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pracasil 120 gm: 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 Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Treatment Guidelines from the Medical Letter: Issue 129, May 2013: Drugs for Allergic Disorders UpToDate: Possible role of long-term medical therapies to prevent restenosis following percutaneous coronary intervention.

Decision rationale: Pracasil is a compounded topical preparation containing betamethasone and tranilast. Betamethasone is glucocorticoid medication. It is used topically for relief of inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses. This patient is not suffering from dermatological disorder. Betamethasone is not recommended. Tranilast is an anti-allergic drug that suppresses the release of platelet-derived growth factor (PDGF), transforming growth factor beta-1, and interleukin-1-beta and reduces vascular chymase, which may lower the production of angiotensin II. It can significantly reduce the incidence of restenosis in percutaneous coronary intervention. It is not recommended as a topical preparation. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the medication is being requested for scar reduction. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request should not be medically necessary.