

Case Number:	CM14-0110260		
Date Assigned:	08/01/2014	Date of Injury:	05/21/2012
Decision Date:	10/01/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old man who sustained a work-related injury on May 21st 2012. Subsequently he developed with chronic pain associated to knee and ankle. According to the progress note dated on May 5, 2014, the patient was complaining to of radicular pain radiating to the right foot, right knee pain, lumbar pain with a severity is rated 6/10, right knee pain with a severity. 6/10 and right ankle pain with a severity rated 6/10. His physical examination demonstrated the positive right knee McMurray's sign and suprapatellar joint line tenderness to palpation. The provider requested authorization for the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Amitr 10%/Dextr 10%/Gabap 10% 210 gms for DOS 05/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other

pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all components of the prescribed topical analgesic are effective for the treatment of back and knee pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications (antidepressant and anticonvulsant). Therefore, the request for retrospective Amitr 10%/Dextr 10%/Gabap 10% 210 gms for DOS 05/15/2014 is not medically necessary.

Retrospective Flur 20%/Trama 20%/Cyclo 4 % 210 gms for DOS 05/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all components of the prescribed topical analgesic are effective for the treatment of back and knee pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications (antidepressant and anticonvulsant). Therefore, the request for retrospective Flur 20%/Trama 20%/Cyclo 4 % 210 gms for DOS 05/15/2014 is not medically necessary.