

Case Number:	CM14-0115922		
Date Assigned:	08/04/2014	Date of Injury:	03/28/2012
Decision Date:	10/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 67-year-old male was reportedly injured on March 28, 2012. The mechanism of injury was noted as a torsional type event. The most recent progress note, dated May 27, 2014, indicated that there were ongoing complaints of left knee pain. It was also noted there was a decrease in pain, tenderness and spasm with physical therapy. The physical examination demonstrated tenderness to palpation, a positive McMurray's test, and a decrease in range of motion. Diagnostic imaging studies objectified a tear of the medial meniscus. Previous treatment included physical therapy, operative intervention, multiple medications and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Tramadol 20%, in Mediderm base 240Gr, three times a day, as needed:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112 OF 127.

Decision rationale: As outlined in the MTUS, such topical preparations are noted to be largely experimental with few randomized controlled trials to determine the efficacy or safety. Therefore, when noting the limited applications and by the physical examination findings and there is no evidence that demonstrates any efficacy or utility in terms of decrease pain associated with medication or increased functionality, there is little clinical information to use to establish the efficacy or utility of this preparation. As such, this is not medically necessary.

Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in a Mediderm base, 240Gm, three times a day as needed.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 113 OF 127.

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". Additionally, the guidelines state there is no evidence to support the use of topical gabapentin and recommend against the addition of gabapentin to other agents. Therefore, this request is not considered medically necessary and recommended for non-certification.