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| Case Number: | CM14-0122079 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 09/22/2009 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 07/26/2014 |
| Priority: | Standard | Application Received: | 08/01/2014 |

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 40 year-old male was reportedly injured on 9/22/2009. The most recent progress note, dated 7/9/2014. Indicates that there are ongoing complaints of bilateral knee pain. The physical examination demonstrated bilateral knee: flexion 40, extension zero. Motor strength 5+ in the quadriceps and hamstring. No recent diagnostic studies are available for review. Previous treatment includes injections, medications, and conservative treatment. A request had been made for Topical Kokua Cream (Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Tetracaine 2%) and was not certified in the pre-authorization process on 7/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic: Topical Kokua Cream (Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Tetracaine 2%) 1 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams Page(s): 112. Decision based on Non-MTUS Citation Diaz, 2006; Hindsen, 2006; Gurol, 1996

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". After review the medical records it is noted the injured worker does have chronic bilateral knee pain. There is no significant documentation to justify the use of compounding medications for pain. As such, this request is not considered medically necessary.