

Case Number:	CM14-0158742		
Date Assigned:	10/02/2014	Date of Injury:	06/07/2011
Decision Date:	10/29/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/27/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 06/07/11 when she injured her knee after slipping on water. She was seen by the requesting provider on 03/27/14 with persistent left knee pain rated at 9/10, decreased with medications to 4/10. Physical examination findings included decreased left knee range of motion with crepitus. There was suprapatellar and infrapatellar tenderness with decreased quadriceps strength and atrophy. She had decreased lumbar spine range of motion with paraspinal muscle and sacroiliac joint tenderness. Diagnoses included a left patellar fracture status post ORIF. Authorization for additional testing was requested. Norco 10/325 mg #90 and KeraTek gel were prescribed. She was continued at modified work. On 05/02/14 there had been improvement with Norco. She was continuing to work. Physical examination findings included decreased left knee strength with tenderness and positive patellofemoral grinding. There was decreased lumbar spine range of motion with paraspinal muscle tenderness and positive Kemp testing. Topical medication was continued. The note references attempted weaning from Norco. Urine drug screening was performed. Her Norco dose was decreased to 7.5/325 mg #90. On 05/30/14 there had been improvement with medications. She was continuing to work. Her Norco dose was decreased further to 7.5/325 mg #60. Imaging results were reviewed showing expected postoperative findings. She was continued with work restrictions at a sedentary level. There was consideration of physical therapy. On 07/25/14 she was having ongoing pain. Physical examination findings appear unchanged. Her Norco dose was increased to 7.5/325 mg #90. Work restrictions were continued. Topical cream was prescribed to facilitate weaning from Norco. On 08/22/14 she had worsening knee pain since her previous visit. Physical examination findings included decreased range of motion with joint

line tenderness and positive stress testing and McMurray's test. She had decreased strength. Authorization for additional testing was requested. She was continued at modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication 180 grams (Pentruvan Care Plus, Lidocaine Powder, Diclofenac Powder): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56-5, 111-113.

Decision rationale: The claimant is more than 4 years status post work-related injury with a left patellar fracture treated surgically and continues to be treated for chronic left knee pain. Pentruvan (penetration enhanced vanishing cream) is a transdermal delivery system for drugs and is intended for use as a cream base for pharmaceutical compounding. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Indications for the use of a topical non-steroidal anti-inflammatory medication such as diclofenac include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. In this case, the claimant is noted to be working and the rationale for the requested topical medication is to facilitate weaning from opioid medication. She has localized peripheral pain amenable to topical treatment. Therefore, the requested medication was medically necessary.