

Case Number:	CM14-0161620		
Date Assigned:	10/07/2014	Date of Injury:	01/05/2009
Decision Date:	11/13/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

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 Orthopedic Surgery and is licensed to practice in California. 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:

36-year-old male claimant with an industrial injury dated 01/05/09. The patient is status post a right knee arthroscopy. MRI of the right knee dated January 2009 demonstrates a complex tear of the medial meniscus, a vertical longitudinal tear of the lateral meniscus, complex tear of the anterior cruciate ligament, chondral lesion of the patella and medial femoral condyle. Exam note 09/03/14 states the patient returns with right knee pain secondary to internal derangement. The patient rates the pain a 7-8/10 without medication and 2/10 with. Current medications include Norco, Neurontin, Relafen, Biofreeze topical gel, Cymbalta, and Ducoprene. Upon physical exam the patient demonstrated a restricted range of motion with limitations in both extension and flexion. There was no evidence of distal extremity edema. To aid with pain relief treatment includes Biofreeze gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze Gel 2 Tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338 346.

Decision rationale: CA MTUS/ACOEM guidelines Knee Complaints Table 13-3 page 338 and Table 13-6 page 346 do not support the use of topical creams for treatment of knee pain as demonstrated by the exam note on 9/3/14. Therefore the request is not medically necessary.