

Case Number:	CM14-0172478		
Date Assigned:	10/23/2014	Date of Injury:	01/22/1991
Decision Date:	12/02/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 22, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; topical compounds; and reported return to regular duty work. In a Utilization Review Report dated September 19, 2014, the claims administrator denied a diclofenac-lidocaine topical compound. The applicant's attorney subsequently appealed. In an October 10, 2014 progress note, the applicant reported ongoing complaints of knee pain, ranging from 3-6/10. The applicant stated that ongoing usage of tramadol was beneficial. The applicant was returned to regular duty work. On September 4, 2014, the applicant was apparently given the diclofenac-lidocaine cream at issue. The applicant was returned to regular duty work, it was acknowledged. In an October 2, 2014 knee MR arthrogram, the applicant was given diagnoses of lateral meniscal tear, degeneration of the medial meniscus, and osteoarthritis of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription diclofenac/lidocaine cream (3%/5%), 180g between 8/28/2014 and 12/16/2014.: Upheld

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

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine, one of the ingredients in the compound at issue, is recommended in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's knee issues are a function of knee arthritis and meniscal derangement of the knee. Neither knee arthritis nor knee meniscal derangement is neuropathic issues. Since one ingredient in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals, including oral tramadol, effectively obviates the need for the topical compound at issue. Therefore, the request is not medically necessary.