

<b>Case Number:</b>	CM14-0181791		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	04/25/2010
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Spine Surgery and is licensed to practice in New York. 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 patient is a 56-year-old female who tripped and fell and injured both of her knees. The date of injury is April 25, 2010. The patient is noted that soft tissue injuries of both knees. The medical records also indicate that the patient has chronic low back pain. The patient is 303 pounds a morbidly obese. MRI the left knee shows degeneration in all compartments with posterior one Medio lateral meniscal tears. Imaging studies of the lumbar spine show degenerative changes both at L4-5 and L5-S1 with disc bulging. At issue is whether additional medications are necessary for treatment of the patient's chronic pain at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclo/Keto/lido cream 60gm Quantity: 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** MTUS guidelines do not recommend compounded topical creams for chronic low back pain. There is no medical literature to document the safety and efficacy of compounded cream for the treatment of chronic low back pain. This patient has been diagnosed

with chronic pain in the knees and the back. Compounded topical cream is not medically necessary.

**Bilateral hinged XL knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation ODG Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG the chapter

**Decision rationale:** ODG guidelines do not recommend knee bracing for the treatment of chronic knee pain. This patient does not have documented instability in the knees. The MRI imaging study does not show any evidence of instability or significant ligament tear. ODG guidelines do not recommend knee bracing for degenerative knee pain. In addition, the medical records do not document that the patient has exhausted conservative measures to include a recent trial of physical therapy for chronic knee pain. There is no documentation of injections for knee pain. Bracing is not medically necessary at this time.