

Case Number:	CM14-0096416		
Date Assigned:	07/25/2014	Date of Injury:	04/15/1999
Decision Date:	10/01/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 injured worker is a 65-year-old male who reported an injury on 04/15/1999 due to an unknown mechanism. Diagnoses were not reported. Past treatments were medications and knee braces. Diagnostic studies were not reported. Surgical history was not reported. The physical examination on 08/11/2014 revealed complaints of left knee pain. The pain was reported a 3/10 to 4/10. The injured worker had cardiac clearance for knee replacement surgery. The examination revealed a positive patellar sign in the left knee with some edema. There was a positive McMurray's with atrophy of the left quadriceps muscles and weakness over the quadriceps muscles. The left knee was weak in the flexion at 4+ to 5-/5. There was tenderness to palpation along the joint lines, both medial and lateral. Medications were Norco and [REDACTED] cream. The treatment plan was for a total knee replacement. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for [REDACTED] Pain Cream, DOS 05/13/14: Upheld

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

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

Decision rationale: The decision for retrospective request for [REDACTED] pain cream, date of service 05/13/2014, is not medically necessary. [REDACTED] cream contains Gabapentin, Ketoprofen, and Lidocaine. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, and any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended, and they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is not currently FDA approved for topical application. The medical guidelines do not support the use of compounded topical analgesics. Therefore, the request is not medically necessary.

Retrospective request for Norco 10/325mg, QTY: 150, DOS 05/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The decision for the retrospective request for Norco 10/325 mg quantity of 150, date of service 05/13/2014, is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short-acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's (including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The efficacy of this medication was not reported. The 4 A's of ongoing management were not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.