

Case Number:	CM14-0210155		
Date Assigned:	12/23/2014	Date of Injury:	08/28/2012
Decision Date:	02/19/2015	UR Denial Date:	11/29/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 54-year-old male with date of injury of 08/26/2012. The listed diagnoses from 10/08/2014 are: 1. Internal derangement of the left knee. 2. Left knee meniscus tear. 3. Status post right knee arthroscopic repair, excision of medial plica for internal derangement from 04/30/2013. 4. Left elbow/forearm sprain, improved. According to this report, the patient complains of right knee pain with radiation into the right calf and down the Achilles insertion. He is status post right knee arthroscopic repair from 04/30/2013 and is now pending left knee arthroscopic medial meniscus tear repair. The patient complains of persistent left medial knee tenderness which increases with weight bearing activities. The examination shows decreased range of motion of the bilateral knees with flexion to 100 degrees and extension to 0 degrees. There is palpable right knee and posterior calf tenderness. Medial joint line tenderness was noted. Patellofemoral compression testing is positive bilaterally. Palpable tenderness over the right ankle and Achilles tendon insertion. The treatment reports from 05/21/2014 to 10/08/2014 were provided for review. The utilization review denied the request on 11/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Capsaicin .0375%/Menthol 10%/Camphor 2.5%/Tramadol 20% 240gm:
Upheld

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

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

Decision rationale: This patient presents with right knee pain with radiation to the right calf and down the Achilles insertion. The patient is status post right knee arthroscopic repair from 04/30/2013. The treating physician is requesting RETROSPECTIVE CAPSAICIN 0.375%/MENTHOL 10%/CAMPBOR 2/5%/TRAMADOL 20% 240 G. The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. This is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." In this case, tramadol is currently not supported in topical formulation as tramadol is an opioid and MTUS requires thorough documentation of analgesia, ADLs, adverse side effects and aberrant behaviors which was not provided for review. The request IS NOT medically necessary.

Retrospective Flurbiprofen 25%/Diclofenac 10% 240gm: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111.

Decision rationale: This patient presents with right knee pain with radiation to the right calf and down the Achilles insertion. The patient is status post right knee arthroscopic repair from 04/30/2013. The treating physician is requesting RETROSPECTIVE FLURBIPROFEN 25%/DICLOFENAC 10% 240 GM. The MTUS Guidelines page 111 on topical NSAIDs states, "topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis, but neither nor afterward or with a diminishing effect over another 2-week period." In addition, MTUS states that it is indicated for osteoarthritis and tendinitis of the knee, elbow, and other joints that are amenable to topical treatment. It is not recommended for the treatment of osteoarthritis of the spine, hip, or shoulder. The report making the request is missing. In this case, the patient does present with tendinitis of the knee and the request IS medically necessary.