MAXIMUS Federal Services

Case Number:	CM15-0100081		
Date Assigned:	06/02/2015	Date of Injury:	08/23/2013
Decision Date:	06/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 57-year-old female, who sustained an industrial injury on 08/23/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having right knee persistent symptomatic chondromalacia, lumbar spine degenerative disc disease, left knee sprain/strain, and status post right knee scope. Treatment and diagnostic studies to date has included laboratory studies, physical therapy, status post arthroscopic meniscectomy and debridement of the right knee, status post epidural steroid injection, home exercise program, and medication regimen. In a progress note dated 04/01/2015 the treating physician reports complaints of dull, constant, intermittent, sharp, persistent pain of the right knee. Examination is revealing right quadriceps atrophy, tenderness to the right medial and lateral patella facet, and right medial joint line tenderness. The progress note from 02/23/2015 noted the injured worker's pain level to the lumbar spine to be an 8 to 9 out of 10 and a pain level to the right knee to be an 8 out of 10 and indicated that injured worker's current medication regimen is helpful, but he documentation did not contain the specific medications in the current medication regimen. The documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of the injured worker's current medication regimen and after use of her current medication regimen to indicate the effects with the use of the medication regimen. Also, the documentation provided noted that the injured worker's function has improved, but the functional change was slower than expected. The treating physician requested the compound Topical Cyclo-Tramadol Cream, but the documentation provided did not indicate the specific reason for the requested topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Cyclo-Tram Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee/leg. Low Back and chronic pain.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.