

Case Number:	CM15-0018148		
Date Assigned:	02/06/2015	Date of Injury:	04/02/1999
Decision Date:	03/30/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/30/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 72 year old male sustained an industrial injury on 4/2/99, with subsequent ongoing bilateral knee and lumbar spine pain. Treatment included right total knee arthroplasty (11/01), left total knee arthroplasty (12/12), microdiscectomy lumbar spine at L5-S1 (4/12), psychotherapy, physical therapy and medications. In a PR-2 dated 1/26/15, the injured worker complained of bilateral knee pain 5/10 on the visual analog scale. Physical exam was remarkable for mildly slow gait secondary to pain, mildly depressed mood, right knee with slight swelling and clicking and popping with range of motion and left knee with minimal swelling and decreased range of motion. Current diagnoses included right knee pain status post knee replacement with hardware difficulty, status post left total knee replacement and secondary depression and insomnia. Work status was temporary total disability. The treatment plan included continuing medications (Prilosec, Percocet and Soma), obtaining a urine drug screen and continuing home exercise and stretching. On 1/26/15, Utilization Review noncertified a request for 1 topical compound cream citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 topical compound cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications; Ketoprofen; Cyclobenzaprine; Topical NSAIDs;

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

Decision rationale: The requested topical cream is formed by the combination of Cyclobenzaprine/ Ketoprofen/ibuprofen/lidocaine/piroxicam. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The cream contains Cyclobenzaprine not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical cream cream is not medically necessary.