

Case Number:	CM15-0122886		
Date Assigned:	07/07/2015	Date of Injury:	02/26/1999
Decision Date:	07/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/25/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old female, who sustained an industrial injury on 2/26/1999. She reported falling downstairs, landing on her left hand and left knee. Diagnoses have included pain in bilateral lower leg joints and status post knee joint replacement. Treatment to date has included left total knee replacement, physical therapy, trigger point injections, steroid injections and medication. According to the office note dated 6/3/2015, the injured worker complained of left knee pain. She was seeing a lymphedema physician specialist. She also complained of severe nausea and vomiting. Physical exam revealed significant tenderness and effusion over the right knee. She had swelling and effusion of the left knee with significant tenderness and pain with range of motion. She had pain and tenderness with manipulation of the left hip. Her gait was severely antalgic. Authorization was requested for compounded medication with Doxepin HCL powder, Propylene Glycol solution and Vanicream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication with Doxepin HCL powder, Propylene Glycol solution and Vanicream: 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 1999 without documented functional improvement from treatment already rendered. The Compounded medication with Doxepin HCL powder, Propylene Glycol solution and Vanicream is not medically necessary and appropriate.