

Case Number:	CM15-0126348		
Date Assigned:	07/16/2015	Date of Injury:	05/24/2014
Decision Date:	08/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 62-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 24, 2014. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve requests for several topical compounded medications, Norco, and a knee brace. The claims administrator referenced an RFA form received on June 16, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated June 16, 2015, Norco and several topical compounded medications were in fact endorsed. In an associated progress note dated June 15, 2015, the applicant reported ongoing complaints of knee pain. A mildly antalgic gait and a mild limp were noted 5-/5 knee strength was noted with well-preserved knee range of motion appreciated. A custom knee brace, a functional capacity evaluation, Norco, and the topical compounded medications in question were endorsed. The applicant was given work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The applicant was reportedly in the process of consulting a knee replacement specialist, it was stated. In an earlier note dated January 6, 2015, a functional capacity evaluation was sought, purportedly for the purpose of determining whether the applicant was capable of returning to his usual and customary work, suggesting that the applicant was not working as of this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound: Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic acid 0.2% in cream base 240g: 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 Page(s): 111-113.

Decision rationale: No, the request for a topical compounded amitriptyline-gabapentin-bupivacaine compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended. Therefore, the request was not medically necessary.

Topical compound Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% and Hyaluronic acid 0.2%, 240g: 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 Page(s): 111-113.

Decision rationale: Similarly, the request for a flurbiprofen-baclofen containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or

reduced pain achieved as a result of the same. Here, it was suggested (but not clearly stated) that the applicant was not working as of a June 15, 2015 progress note, referenced above. A January 2015 progress note, also referenced above, also suggested that the applicant was not, in fact, working as of that point in time. The June 15, 2015 progress note failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Custom ACL brace for right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Finally, the request for a custom ACL knee brace was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, for the average applicant, a knee brace is "usually unnecessary." Rather, ACOEM suggests reserving knee braces for applicants who are going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, it did not appear that the applicant was working as of June 2015. It appeared unlikely that the applicant would be stressing the knee under load, such as by climbing ladders or carrying boxes. Therefore, the request was not medically necessary.