

Case Number:	CM15-0174533		
Date Assigned:	09/16/2015	Date of Injury:	09/26/2010
Decision Date:	10/20/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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: 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:

This 61 year old female sustained an industrial injury on 9-26-10. Documentation indicated that the injured worker was receiving treatment for injuries bilateral knee osteoarthritis. On 3-19-15, the injured worker underwent left knee arthrotomy with revision of the left tibial component of total knee arthroplasty, subcutaneous lateral release, lysis of adhesions and manipulation. The injured worker received postoperative physical therapy and medications. In a Pr-2 dated 6-22-15, the injured worker reported that her progress had worsened since the last evaluation with 9 out of 10 pain. Physical exam was remarkable for bilateral knee tenderness to palpation to the mid joint line. The injured worker limped when walking. X-rays of bilateral knees and tibia showed no increase in osteoarthritis. The treatment plan included additional physical therapy three times a week for four weeks, continuing heat and ice contrast therapy and medications (Norco, Cyclobenzaprine, Diclofenac Sodium ER, Tramadol, Protonix and topical compound creams). On 8-24-15, Utilization Review noncertified a request for retrospective (DOS: 6-22-15) Mometasone-Doxepin 0.15%-5% topical cream 60gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 6/22/15) Mometasone/Doxepin 0.15%/5% topical cream 60gm:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. The medical records also do not establish that the injured worker is unable to utilize oral medications. The request for retrospective (DOS: 6/22/15) Mometasone/Doxepin 0.15%/5% topical cream 60gm is not medically necessary and appropriate.