

Case Number:	CM15-0174875		
Date Assigned:	09/16/2015	Date of Injury:	09/10/2011
Decision Date:	10/28/2015	UR Denial Date:	08/06/2015
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: Pennsylvania, Ohio, 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 38 year old female who sustained an industrial injury September 10, 2011. According to a secondary treating physician's progress report dated March 27, 2015, the injured worker presented with complaints of continued constant bilateral knee pain, right greater than left and worse when driving. The right knee pain is rated 6-10 out of 10 and the left knee is rated 5-7 out of 10. Objective findings included; right knee tenderness at patella, range of motion 0-110 degrees; left knee tenderness medial and lateral, no laxity, range of motion 0-120 degrees. Diagnoses are degenerative joint disease of the lumbar spine; bilateral knee sprain, strain; sleep-arousal disorder; status post left ACL (anterior cruciate ligament) repair 2007; degenerative joint disease of right knee; stress, anxiety, depression. Treatment plan included to continue use of knee braces as needed, standing x-rays of the bilateral knees, an MRI of the right knee, an MRA of the left knee, electrodiagnostic studies of the lower extremities, and topical creams and medication. At issue, is the retrospective request for Calypso pain relief, 120 millimeters (date of service 04-06-2105). According to utilization review dated August 6, 2015, the retrospective request for Calypso Pain Relief, 120 millimeters date of service April 6, 2015 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Calypso pain relief, 120 milliliters (DOS 4/6/2015): Overturned

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): Salicylate topicals, Topical Analgesics.

Decision rationale: A prior physical review concluded that Calypso is not medically necessary for topical use. However, MTUS concludes that topical analgesics may be indicated in selected situations such as an elderly patient or other clinical reasons where topical medication is judged to be safer than oral medication, as documented in this case. MTUS supports this concept, noting in particular that salicylate topicals are "recommended" as a form of chronic pain treatment. The records and guidelines support this request. I recommend that this request be certified. Therefore, the request is medically necessary.