

Case Number:	CM15-0177190		
Date Assigned:	09/17/2015	Date of Injury:	03/07/2005
Decision Date:	10/20/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old male, who sustained an industrial injury on 03-07-2005. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for bilateral knee degenerative joint disease, left trochanteric bursitis, and left IT (iliotibial) band syndrome. Treatment and diagnostics to date has included physical therapy, acupuncture, home exercise program, electromyography, and medications. Current medications include Capsaicin cream and Tramadol. In a progress note dated 07-07-2015, the injured worker reported bilateral knee pain. Objective findings included "normal gait pattern", tenderness to palpation over the left iliotibial band and left greater trochanter, and mild tenderness to palpation over the left sacroiliac joint. The treating physician noted that the requested compound cream would be "applied to the bilateral knees". The request for authorization dated 07-07-2015 requested physical therapy 2x6 after knee replacement, #60 Tylenol with Codeine 300-30mg, and CM4 Caps 0.05% cream and Cyclobenzaprine 4%. The Utilization Review with a decision date of 08-25-2015 non-certified the request for CM4 Caps 0.05% #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4 Caps 0.05% #1: 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: The claimant has a remote history of a work injury occurring in March 2005 and continues to be treated for bilateral knee pain. Injuries were sustained when he was hit by a riding lawnmower and sustained a right ankle fracture. When seen, knee replacement surgery was pending. Physical examination findings included bilateral knee tenderness. There was left greater trochanteric and iliotibial band tenderness and mild left sacroiliac joint tenderness. There was decreased and painful right knee range of motion with crepitus and lateral and inferior right patellar swelling. Tramadol, duloxetine, and topical compounded cream were prescribed. Topical CM4 contains capsaicin and cyclobenzaprine. In terms of topical treatments, MTUS addresses the use of capsaicin, which is recommended as an option in patients who have not responded or are intolerant to other treatments. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication was not medically necessary.