

Case Number:	CM15-0069820		
Date Assigned:	04/17/2015	Date of Injury:	11/24/1999
Decision Date:	05/27/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/13/2015

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:

The injured worker is a 50 year old female, who sustained an industrial injury on November 24, 1999. The injured worker was diagnosed as having knee arthritis, unspecified internal derangement of the knee, lumbosacral spondylosis without myelopathy, left peroneal nerve neuropathy, and post-operative right total knee replacement. Treatment to date has included right knee replacement, electroencephalogram, electromyography (EMG), MRI, and medication. Currently, the injured worker complains of left knee pain and back pain. The Treating Physician report dated February 25, 2015, noted the injured worker's medications included Keflex, Gabapentin, Vimpat, and Prilosec. Physical examination was noted to show the lumbar spine with bilateral facet joint tenderness at L5-S1, left sided tenderness L4-L5 and L5-S1, with increased left knee symptoms had compensatory consequences of degenerative changes, crepitation, swelling, and tenderness. The treatment plan was noted to include requests for authorization for prescription medications including oral and transdermal analgesics and anti-inflammatories CL 30g, Fl 30g, Gac 30g, and cortisone and/or Supartz injection to the left knee, and appeals for denials for lumbar spine facet joint injections with cortisone and ultrasound, and aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection and/or Supartz injection to the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: This injured worker receives treatment for chronic L knee pain. This was the result of a work-related knee injury dated 11/24/1999. This review addresses a request for L knee injection with "cortisone or Supartz." The documentation states that the patient's diagnosis is "knee arthritis and internal derangement." The patient's chronic knee pain dates back over fifteen years. The documentation of the physical exam of the knee states that there is crepitus; however, the documentation does not state what the location of the crepitus is. The documentation does not state what plain radiographs of the knee show nor what are the specific MRI findings. The treatment guidelines do not recommend steroid or lubricating intra-articular injections routinely. The request does not specify which type of injection is being requested. The documentation does not clearly support any type of injection for treating this patient's knee at this time. Therefore, the requested medical treatment is not medically necessary.

Gabapentin 10% 30g cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: This injured worker receives treatment for chronic L knee pain. This was the result of a work-related knee injury dated 11/24/1999. This review addresses a request for topical gabapentin cream. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Gabapentin is an anti-epileptic (AED) drug. AEDs are not medically indicated to treat chronic pain when applied in their topical form. Gabapentin cream is not medically indicated.

Cyclobenzaprine 10% 30g cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended Page(s): 111-113.

Decision rationale: This injured worker receives treatment for chronic L knee pain. This was the result of a work-related knee injury dated 11/24/1999. This review addresses a request for Topical cyclobenzaprine cream. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition, if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Cyclobenzaprine is a muscle relaxer. Muscle relaxers are not medically indicated to treat chronic pain when applied topically. Cyclobenzaprine cream is not medically necessary.