MAXIMUS Federal Services

Case Number:	CM14-0147949		
Date Assigned:	09/15/2014	Date of Injury:	03/13/2013
Decision Date:	10/22/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year-old female who was reportedly injured on 3/13/2013. The most recent progress note dated 7/8/2014, indicates that there were ongoing complaints of bilateral knee pain. The physical examination demonstrated left knee: positive swelling throughout the left knee, painful and tender. Well healed scars of the interior knee. Using a cane for ambulation in the right hand. Range of motion 0-80. Diagnostic imaging studies include x-rays of both knees, dated 6/24/2014, which reveals no acute fracture, normal alignment, and mild degenerative joint disease. Previous treatment includes left knee arthroscopy, knee bracing, physical therapy, medications, and conservative treatment. A request was made for capsaicin/menthol/camphor/tramadol hc/ultraderm base and flurbiprofen/diclofenac/ultraderm base and was not certified in the pre-authorization process on 8/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/Menthol/Camphor/Tramado HCL/Ultraderm base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): Page 111-112.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

Flurbiprofen/Diclofenac/Ultraderm base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 105.

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