

Case Number:	CM13-0006806		
Date Assigned:	01/10/2014	Date of Injury:	07/05/2006
Decision Date:	06/30/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/05/2013

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 California. 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 51-year-old male who reported an injury on 07/05/2006. The mechanism of injury is unknown. A clinical evaluation on 01/22/2013 indicated the injured worker complained of left knee pain. The objective findings of the physical examination included positive patellar grind test and positive McMurray's maneuver. The diagnosis included internal derangement of the left knee as well as rule out internal derangement of the right knee compensatory. The treatment plan included surgical intervention to be considered and pharmacological agents prescribed to include Anaprox for anti-inflammatory effect, Prilosec for upset stomach due to medication, Zofran due to nausea from medication, Flexeril for spasms, Cidaflex for joint nutrition, and Medrox ointment for muscle pain. The Request for Authorization for medical treatment is dated 05/28/2013 and the request is made with this clinical review for a retro Medrox pain relief ointment 120 gm times 2 from date of service 01/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: MEDROX PAIN RELIEF OINTMENT 120 GM X 2 FROM DOS 1/22/2013:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ANALGESIC CREAMS , TABLE 3-1 TOPICAL MEDICATIONS

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

Decision rationale: The injured worker is a 51-year-old male who reported an injury on 07/05/2006. The mechanism of injury is unknown. A clinical evaluation on 01/22/2013 indicated the injured worker complained of left knee pain. The objective findings of the physical examination included positive patellar grind test and positive McMurray's maneuver. The diagnosis included internal derangement of the left knee as well as rule out internal derangement of the right knee compensatory. The treatment plan included surgical intervention to be considered and pharmacological agents prescribed to include Anaprox for anti-inflammatory effect, Prilosec for upset stomach due to medication, Zofran due to nausea from medication, Flexeril for spasms, Cidaflex for joint nutrition, and Medrox ointment for muscle pain. The Request for Authorization for medical treatment is dated 05/28/2013 and the request is made with this clinical review for a retro Medrox pain relief ointment 120 gm times 2 from date of service 01/22/2013.