

Case Number:	CM13-0008365		
Date Assigned:	02/25/2014	Date of Injury:	04/05/2012
Decision Date:	06/26/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/07/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 29 yo male who sustained an industrial injury on 04/05/2012. He injured his left knee , left ankle and left foot while carrying a 30-pound box and catching his left foot in a floor mat. The initial diagnosis of the knee was a knee strain. He states he has constant 7/10 left knee pain which results in walking with a limp. On exam there is tenderness along the medial joint line without evidence of effusion or instability. He has undergone x-rays and a MRI which revealed an ACL strain. Treatment has included medical therapy with Norco, Medrox and Prilosec. The treating provider has requested Medrox patch for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES CALIFORNIA MTUS 2009 TOPICAL ANALGESCIS Page(s): 111-1.

Decision rationale: There is no documentation provided necessitating use of the requested topical medication, Medrox Patch. Per California MTUS Guidelines, topical analgesics are

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no indication for the Menthol component of Medrox Patch. In addition, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of failure to oral medication therapy. Medical necessity for the requested item has not been established. The requested item is not medically necessary.