

Case Number:	CM13-0009503		
Date Assigned:	09/11/2013	Date of Injury:	05/31/2010
Decision Date:	01/15/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 physician 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.

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 patient is a 54-year-old male who reported an injury on 05/31/2010, mechanism of injury not stated. The patient is diagnosed with 847.2, lumbar sprain/strain, 844.9, sprains and strains of the knee and leg, not otherwise specified, 717.3, derangement of the medial meniscus, with traumatic arthritis, 726.61, knee tendinitis and bursitis, and 722.73, lumbar disc disorder with myelopathy. The patient is reported to have undergone an L4-5 and L5-S1 right hemilaminectomy on 10/30/2012. An MR arthrogram of the right knee performed on 12/03/2012 noted the patient was status post partial meniscectomy with evidence of re-tear in the body of the medial meniscal remnant, proximal patellar tendinosis, and diffuse thinning of the articular cartilage in the medial compartment of the knee. A clinical note dated 01/02/2013 signed by [REDACTED] reported the patient had completed 12 physiotherapy visits and had been working on his own home exercise program. He continued to have tenderness and spasms of his lumbar spine with negative straight leg raises. He had some weakness with resistance applying dorsiflexion of both feet. The patient is noted to have undergone an MRI of his right knee. At that time, the patient was felt to be a candidate for additional viscosupplementation to his right knee as he had significant relief when he underwent a series of viscosupplementation in 03/2012 to his right knee and 06/2012 to his left knee. A request was also submitted for additional strengthening. A clinical note dated 02/13/2013 reported no examination findings at that time, and noted the patient continued to complain of constant low back pain, mild to moderate in nature, with radiation to the lower extremities, constant bilateral knee pain, and reported prolonged weight-bearing increased his pain. The patient was given a prescription for refills of ibuprofen and Prilosec. A request for knee braces for the bilateral knees as well as a lumbar spine brace was submitted. On 06/15/2013, the

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox ointment #1 bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Chronic Pain Guidelines indicate that any compounded ointment that contains one drug or drug class that is not recommended is not recommended. The guidelines recommend the short term use of non-steroidal anti-inflammatory topical agents for no more than 4 weeks to 12 weeks for treatment of osteoarthritis and tendinitis, especially of joints such as the knee that are amenable to topical treatment. The guidelines state that capsaicin is recommended only as an option in patients who have not responded or intolerant to other treatments. As the Medrox lotion contains methyl salicylate 20%, menthol 5%, and capsaicin 0.0375% as its active ingredients, and the patient is noted to have been using the ointment on an ongoing, long term basis without documented improvement, and topical non-steroidals are not recommended for long term use, and capsaicin in the 0.0375% is not recommended. There is no documentation that the patient had not responded to other treatments, therefore, the requested Medrox ointment does not meet guideline recommendations. The request for Medrox ointment #1 bottle is not medically necessary and appropriate.