MAXIMUS Federal Services

Case Number:	CM13-0012227		
Date Assigned:	01/03/2014	Date of Injury:	06/22/2011
Decision Date:	03/24/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/16/2013

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 Physical Medicine and Rehavbilitation, has a subspecialty in Interventional Spine 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. 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 patient is a 60-year-old male with date of injury of 06/22/2011. The listed diagnoses by [redacted] dated 08/30/2013 are: 1. Internal derangement of the knee on the right, status post meniscectomy, mostly medial with persistent pain. 2. Hypertension which is well controlled. According to progress report of 08/30/2013 by [redacted], the patient presents with constant pain in the right knee. This patient is status post right knee surgery 2012. The patient has resumed full-time work as a janitor without restrictions. He reports that his pain level has increased with walking which is required for this job. There is no history of any injections to the right knee, and the patient was fitted for a DonJoy brace and is waiting for the brace at this time. Objective findings show the patient is not in any acute stress. Right lower extremity extends to 180 degrees and flexes to 100 degrees. The treater is requesting a refill for Medrox patches, MRI for the right knee, and a DonJoy knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches dispensed 7/26/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic knee pain. The treater is requesting Medrox patches. Utilization review dated 08/08/2013, denied the request for Medrox patch stating that there is no evidence or studies supporting the use of topical compounded creams for any diagnosis intended over a singular capsaicin. Medrox is a compounded topical agent consisting methyl salicylate, menthol, and capsaicin. Review of progress reports dated 03/25/2013 to 12/03/2013 do not document any prescription for Medrox patches. It is not known when the treater recommended this medication for use. MTUS page 111 to 113 states that for topical analgesics: "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Capsaicin in greater than 0.025% formulation is not supported for osteoarthritis, fibromyalgia, and chronic nonspecific back pain. This compounded topical analgesic is not supported by the guidelines noted above. Therefore, the recommendation for Medrox patches is for denial.

an MRI of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342.

Decision rationale: This patient presents with chronic knee pain. The treater is requesting a right knee MRI. Utilization review dated 08/08/2013 denied the request stating that the patient has had prior knee surgery one year ago, and there were no new worsening symptoms or severe pain issues that warranted repeat studies. MTUS Guidelines page 341 and 342 regarding MRI of the knee states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. In this case, the patient has resumed full-time work as a janitor without restrictions. Given that there is no documentation of recent trauma to the knee or suspected internal derangement an MRI is not warranted and is not medically necessary. Recommendation is for denial.