MAXIMUS Federal Services

Case Number:	CM13-0024309		
Date Assigned:	11/20/2013	Date of Injury:	09/08/2010
Decision Date:	02/11/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/13/2013

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 Occupational 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. 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 46 year-old female with a work-related slip and fall injury on 09/08/2010. The patient was treated with conservative care and underwent a right knee arthroscopy on 1/11/13. PTP (primary treating provider) note on 06/17/2013, patient complained residual symptomatology in bilateral knees, recommendation for Synvisc injection has been made. Diagnosis is Lumbar discopathy/radiculopathy. Status post right knee arthroscopy with repair of internal derangement with degenerative joint disease; internal derangement left knee; rule out internal derangement left ankle; left ankle sprain with plantar fasciitis. On 07/17/2013 Orthopedic AME revealed decreased ROM (range of motion) of lumbosacral spine, tenderness to palpation of the paralumbar region with muscle guarding, tenderness to palpation over the medial joint space of the left and right knee, crepitation of both knees, tenderness to palpation over the left patellofemoral joint, synovial swelling of the right knee, decreased ROM of the right knee in extension and flexion and of the left knee in flexion, tenderness to palpation over the medial aspect of the left ankle, decreased motor strength of the bilateral quadriceps musculature. On 08/22/2013 PTP RFA (request for authorization), physician requested Medrox Patch Qty 30 to reduce inflammation and relieve acute pain based on the examination of 08/12/2013 which was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch #30 DOS: 8/12/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in chapter 3, oral pharmaceuticals are the first line palliative measure. In this case, there is no evidence of intolerance to and/or failure of the first line oral analgesics so as to make a case for usage of topical agents and/or topical compounds, which, per ACOEM table 3-1 are "not recommended." Therefore, the request is non-certified. It is noted that the unfavorable ACOEM recommendation is echoed by that of the MTUS Chronic Pain Medical Treatment Guidelines, which, on page 111, deemed topical analgesics "largely experimental." There is no evidence is this particular case the patient has failed oral treatments and would need the patches for her knee.