

Case Number:	CM13-0024635		
Date Assigned:	11/20/2013	Date of Injury:	11/21/2003
Decision Date:	01/21/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/16/2013

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 Anesthesiology and 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. 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 38 year old male who reported an injury on 11/21/2003. The mechanism of injury was not provided in the medical record. The last clinical note dated 04/22/2013 reported tenderness over the medial aspect of the right knee with noted swelling. The diagnoses included small joint effusion, right knee medial meniscal tear, status post repair, and doubt anterior cruciate ligament tear per MRI. The patient continued to complain of right knee weakness and pain. The patient was given a right knee brace. The MRI results were benign, and recommendations for an initial course of physical therapy were given. The patient continued to work unrestricted. There is a physical therapy note dated 08/06/2013 that reported active range of motion at normal range.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anexsia (hydrocodone/APAP 7.5/325mg) #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78,91.

Decision rationale: The California MTUS states there should be on going management of the use of opioids. There should be review and documentation for pain relief, functional status, appropriate medications, and side effects. There are no assessments of pain to include levels of pain, average pain, intensity of pain, and how long it takes before the medication is effective provided in the medical record. The clinical information provided does not provide a base line of the patient's pain, function, and/or strength. As such, the request for Anexsia, hydrocodone/APAP 7.5/325mg #120 is non-certified

Bio-Therm (Capsaicin 0.002%) 4oz: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Section Page(s): 112.

Decision rationale: The California MTUS guidelines state that Capsaicin is recommended only for patients that have not responded to or intolerant to other treatments. There is no information provided in the medical record suggesting the patient has been intolerant to any other treatments. There is no information provided on the patient's reaction to any therapies. As such, the request for Capsaicin 0.002% 4oz is non-certified.