

Case Number:	CM13-0029553		
Date Assigned:	11/01/2013	Date of Injury:	05/02/2010
Decision Date:	02/11/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/26/2013

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 Orthopedic Surgery, 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:

Based on the information provided, surgical intervention was performed in the form of a right knee arthroscopic partial medial meniscectomy and partial lateral meniscectomy on 6/3/13. A most recent clinical note was dated 8/22/13. Knee range of motion was well-maintained from 0-130° with no signs of infection. There was good strength. Elbow examination was rather benign. It was noted that symptoms had improved. The claimant was using Norco once per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

45 Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

Decision rationale: The California MTUS guidelines state that opioid medication is indicated based on specific functional goals achievable only through the administration of opioids. The ongoing use of Norco is not justified based on the information provided. It was noted that symptoms had improved. The claimant was using Norco once per day. At this juncture, the request is not medically necessary.

two boxes of Medrox patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

Decision rationale: Medrox is a formulation consisting of Menthol 5% and Capsaicin 0.0375%. The California MTUS guidelines indicate that the concentration of Capsaicin as is contained in this formulation does not have proven efficacy and, when one or more medications is not approvable, then the compound as a whole cannot be medically supported. As such, the requested Medrox patches are not considered as medically necessary.