

Case Number:	CM13-0034844		
Date Assigned:	04/25/2014	Date of Injury:	06/14/2012
Decision Date:	07/10/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 expert 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:

██████████ is a 47-year-old man who sustained a work related injury on June 14 2013. Subsequently, he developed a right knee pain. He also reported difficulty with standing and walking for prolonged period of time and balance difficulty. Physical examination demonstrated right knee swelling with pain and reduced range of motion. There is a right lower extremity weakness. His right knee MRI showed healing sprain. The patient was reported that he failed the use of Ultram and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 60 TYLENOL #3 (DOS: 7/31/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tylenol with Codeine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77-78.

Decision rationale: According to the California MTUS guidelines, Tylenol#3, (acetaminophen plus codeine) is a opioid medication that is used for short term for moderate to severe pain after failure of first line non opioid medications. Furthermore and according to MTUS guidelines state that before starting a therapeutic trial of opioids, baseline pain and functional assessments should

be made, as well as an attempt to determine if the pain is nociceptive or neuropathic. There is no documentation that the provider followed the steps recommended by guidelines, before starting or at the initiation of Tylenol#3. Therefore, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR 4OZ BIO-THERM (CAPSAICIN 0.002%) (DOS: 7/31/13): 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: According to the Chronic Pain Medical Treatment guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The proposed topical analgesic contains capsaicin, a topical analgesic that is not recommended by the California MTUS Guidelines. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the request is not medically necessary.