

Case Number:	CM13-0060530		
Date Assigned:	12/30/2013	Date of Injury:	10/18/2012
Decision Date:	03/31/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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 applicant is a represented [REDACTED] roofer who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 18, 2012. Thus far, the applicant has been treated with the following: Unspecified amounts of physical therapy; corticosteroid injection therapy; MRI imaging of the injured knee of December 18, 2012, notable for a full-thickness medial cartilage defect; attorney representation; and work restrictions. In a Utilization Review Report of November 25, 2013, the claims administrator reportedly partially certified a request for Naprosyn, denied a request for Dendracin, and denied a request for Colace. Despite the fact that the MTUS addresses the topic, non-MTUS ODG Guidelines were also employed in the rationale. A December 17, 2013 progress note is notable for comments that the applicant has persistent knee pain. The applicant apparently is not simpatico with a surgeon whom he previously consulted. The applicant is status post acupuncture treatment. The applicant is on Dendracin and Naprosyn. The applicant has a BMI of 31. The applicant exhibits a normal heel and toe ambulation with a non-antalgic gait. Naprosyn, Dendracin, and Colace are renewed. The review of system section does not make any mention of issues with constipation. A December 16, 2013 medical-legal evaluation seemingly suggests that the applicant is working with restrictions in place. The applicant has a mildly antalgic gait. The applicant was given a diagnosis of left knee condylar defect. A 7% whole-person impairment rating was issued. An earlier note of November 1, 2013 is also reviewed and is again notable for comments that the applicant has persistent pain complaints. The applicant's gastrointestinal review of system is negative for any changes in bowel habits, it is stated. The applicant is given prescriptions for Naprosyn, Dendracin, and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Naproxen tablet, 550, #60, Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 9792.24.2 Chronic Pain Medical Treatment Guidelines Page(s):. Decision based on Non-MTUS Citation ODG (Pain Chapter).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 9792.20f. Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, antiinflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic knee pain reportedly present here. In this case, the applicant has seemingly exhibited some functional improvement through prior usage of the same as evinced by his successful return to modified duty work. Continued usage of Naprosyn, then, on balance, is therefore, indicated and appropriate. Accordingly, the request is certified.

The request for Dendracin cream #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.2 Chronic Pain Medical Page(s): 47. Decision based on Non-MTUS Citation ODG Official Disability Guidelines.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's successfully usage of first-line oral Naprosyn effectively obviates the need for a topical compound such as Dendracin, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is not certified, on Independent Medical Review.

The request for Colace capsule, sodium 100mg 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009: 9792.24.2: Chronic Pain Medical Treatment Guidelines, page 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation is indicated in those applicants who are using opioids. In this case, however, there is no indication that the applicant is using any opioid

agent(s). There is no specific mention made of constipation in the gastrointestinal review of systems section of any recent progress report. Therefore, the request is not certified as the applicant is neither using opioids nor is experiencing constipation, per the recent progress notes provided.