MAXIMUS Federal Services

Case Number:	CM13-0060997		
Date Assigned:	12/30/2013	Date of Injury:	12/02/2012
Decision Date:	05/22/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 37-year-old male who reported an injury on 12/02/2012. The mechanism of injury was a twisting injury. The injured worker was diagnosed with knee pain. The progress report dated 12/13/2013 stated the injured worker was seen for continued the patient in the low back with some numbness involving the front of the right leg. The injured worker rated his pain 5/10 that was brought on with activities that included prolonged standing, prolonged sitting, getting out of cars, chairs, and walking. The physical examination of the right knee revealed positive quadriceps atrophy. There was some loss of range of motion with the right knee secondary to pain. There were positive crepitus with range of motion. There was positive patellofemoral tenderness, lateral greater than medial joint line tenderness, and medial popliteal tenderness without fullness. Medications included Ultram ER 150 mg, Naprosyn 550 mg, Protonix 20 mg, Flurbiprofen 20% and Lidocaine 2% cream and Menthoderm cream. The injured worker was recommended continuation of physical therapy and continuation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG: 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 NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at immediate risk for gastrointestinal events and no cardiovascular disease. The injured worker was recommended Protonix 20 mg; however, the documentation did not show evidence of gastrointestinal symptoms. Therefore, the request for Protonix 20 mg is not medically necessary and appropriate.

MENTHODERM OINTMENT (FLURBIPROFEN 20%, LIDOCAINE 2%), 30 GM: 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): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are considered largely experimental in use. The guidelines also state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state any compound product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Lidocaine in the form of a Lidoderm patch is the only formulation of Lidocaine recommended by the guidelines. The patient was recommended Menthoderm ointment which is a combination of Flurbiprofen and Lidocaine. The guidelines do not recommend compound topical analgesics. Additionally, the clinical documentation submitted for review did not show a failure of a trial of anticonvulsants or antidepressants. The request for Menthoderm ointment (Flurbiprofen 20%, Lidocaine 2%), 30 gm is not medically necessary and appropriate.