

Case Number:	CM13-0066004		
Date Assigned:	01/03/2014	Date of Injury:	04/25/2011
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/16/2013

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 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] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; crutches; multiple knee surgeries; topical agents; and extensive periods of time off of work. In a Utilization Review Report of December 10, 2013, the claims administrator denied a request for Medrox patches, denied a request for crutches, and denied a request for urine drug screen. The applicant's attorney subsequently appealed. On October 3, 2013, the applicant apparently consulted a psychologist and was described as having a Global Assessment of Functioning (GAF) of 52, reportedly attributed to derivative depression. In a progress note of October 23, 2013, the applicant was placed off of work. The applicant was issued with a prescription for Percocet and asked to pursue 12 sessions of physical therapy. On December 6, 2013, the applicant was described as using Depakote for epilepsy, Percocet, Ativan, Neurontin, Norco, aspirin, Catapres, Soma, and Mevacor. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR UNKNOWN PRESCRIPTION FOR MEDROX PATCHES: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, however, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Medrox, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." The applicant is using large numbers of first-line oral pharmaceuticals for pain, including Percocet, Norco, Soma, etc. effectively obviating the need for Medrox. Therefore, the request is not certified, on Independent Medical Review.