

Case Number:	CM13-0068097		
Date Assigned:	01/03/2014	Date of Injury:	03/11/2013
Decision Date:	04/21/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 patient is a 22-year-old male who reported an injury on 3/11/13. The patient reportedly slipped while bringing in shopping carts, causing a twist of the left knee. The patient is currently diagnosed with internal derangement of the left knee. The patient was recently seen by [REDACTED] on 10/2/13. The patient reported persistent left knee pain. Physical examination revealed tenderness at the medial joint line, positive McMurray's testing, positive patellar compression testing, and painful range of motion. Treatment recommendations included continuation of current medications. The patient was awaiting authorization for a left knee arthroscopic surgery as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

150 NAPROXEN SODIUM 550MG: 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 Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain.

For acute exacerbations of chronic pain, NSAIDs are recommended as a second line treatment after acetaminophen. There is no evidence of long term effectiveness for pain or function. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no evidence of functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

120 OMEPRAZOLE 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 Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.

120 CYCLOBENZAPRINE HCL 7.5MG: 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 Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended as non-sedating second line options for the short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2-3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no evidence of palpable muscle spasm or spasticity upon physical examination. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

90 TRAMADOL ER 150MG: 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 Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of a significant change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

30 MEDROX PATCHES: 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 Page(s): 111-113.

Decision rationale: The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As per the documentation submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Additionally, the patient has utilized Medrox pain relief ointment in the past, without evidence of objective functional improvement or a relief of symptoms. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

ONE 120ML TUBE OF MENTHODERM GEL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Methoderm gel contains lidocaine, methyl salicylate, menthol, and capsaicin. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. As per the documentation submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the patient does not currently meet criteria for the requested medication. As such, the request is non-certified.