MAXIMUS Federal Services

Case Number:	CM14-0003038		
Date Assigned:	04/25/2014	Date of Injury:	06/16/2010
Decision Date:	05/29/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 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 an employee of the [redacted] who filed a claim of chronic right knee pain associated with an industrial injury sustained on 6/16/10. Treatment to date has included an MRI of the knee which showed medial compartment arthrosis, synvisc injections, right knee arthroscopic surgery for menical injury, right total knee arthroplasty, and physical therapy. Medications include oxycontin 10mg and oxycodone 15mg, prescribed on 11/11/13. Fluticasone Proprionate 100% was prescribed on 12/27/13. Medical records from 2012-2013 were reviewed, which revealed constant right knee pain. The patient reported cracking and localized pain in the medial aspect of the right knee what would radiate up the medial thigh and down the lateral leg. Physical examination showed right knee effusion 2+, range of motion of 5-95 degrees, pain and crepitus throughout arc of motion, joint line tenderness, and soft compartments.

IMR ISSUES, DECISIONS AND RATIONALES

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

1- 30 DAY SUPPLY OF FLUTICASONE PROPIONATE 100%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS does not address the topic of Fluticasone Proprionate, so alternate guidelines were used. The Official Disability Guidelines mentioned Fluticasone as a recommended first-line inhaled corticosteroid for asthma; it is not recommended for chronic pain. In this case, the patient was prescribed to apply Fluticasone Proprionate 100% to treat his chronic knee pain. However, its use is not medically appropriate - there is no evidence of asthma in the documentation. Furthermore, the request does not clearly indicate the formulation of the medication. Therefore the request for supply of Fluticasone Proprionate 100% is not medically necessary.