MAXIMUS Federal Services

Case Number:	CM14-0009326		
Date Assigned:	02/12/2014	Date of Injury:	02/15/2012
Decision Date:	08/06/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/22/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 67-year-old male who was reportedly injured on February 15, 2012. The mechanism of injury is noted as left knee pain when getting into a van. The most recent progress note, dated December 12, 2013, indicates that there are ongoing complaints of left knee pain and instability sensations. The current medications include tramadol. The physical examination demonstrated left knee range of motion from 0 to 110. There was a normal lower extremity nerve conduction study performed September 27, 2013. The diagnostic imaging studies objectified medial joint space narrowing of the left knee. A request had been made for naproxen, Terocin patches, Protonix, and Lidopro lotion and was not certified in the pre-authorization process on December 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines recommends proton pump inhibitors for patients taking non-steroidal anti-inflammatory drugs (NSAIDs) with documented gastrointestinal distress symptom. The record provided does not note the gastrointestinal disorder nor is there documentation of long-term use of an NSAID considered to be a 'high dose NSAID's defined by the American College of gastroenterology. Therefore, this request for Protonix is not medically necessary.

NAPROXEN 550MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN- NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 & 73 of 127.

Decision rationale: Anti-Inflammatory medications such as naproxen are indicated to be the first line treatment for osteoarthritis however they are not recommended for those individuals who have hypertension. The most recent progress note dated December 12, 2013, indicates that the injured employee does have a history of hypertension. For this reason this request for naproxen is not medically necessary.

TEROCIN PATCHES, #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 111 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical agents indicated for use are anti-inflammatories, lidocaine and capsaicin. Terocin patches contain other compounded ingredients to include menthol. There has been shown to be no known efficacy with a topical use of menthol. For this reason this request for Terocin patches is not medically necessary.

LIDOPRO LOTION 4OZ, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127..

Decision rationale: Topical lidocaine is indicated for treatment of neuropathic pain after failure of first-line treatment agent such as antidepressants. The injured employee has no complaints of

neuropathic pain nor are there any radicular findings on physical examination. For this reason this request for Lidopro lotion is not medically necessary.