

Case Number:	CM14-0019946		
Date Assigned:	04/28/2014	Date of Injury:	07/23/2010
Decision Date:	07/08/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/18/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 46 year old male with date of injury 7/23/10. The mechanism of injury is described as falling off a ladder on to his right side. The patient has complained of right knee pain since the date of injury. He has been treated with physical therapy, a knee brace and medications. An MRI of the right knee performed in 05/2011 revealed a chronic anterior cruciate ligament tear and medial compartment joint space narrowing. Objective: antalgic gait, decreased range of motion of the right knee, positive McMurray's test. Diagnoses: right knee strain; anterior cruciate ligament tear. Treatment plan and request: Norco, Triamcinolone cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5MG, #90 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-89.

Decision rationale: Within the medical records provided for review, there are no treating physician reports that adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence

that the treating physician is prescribing opioids according to the MTUS Chronic Pain Guidelines, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS Chronic Pain Guidelines, the request for Norco is not medically necessary and appropriate.

TRIAMCINOLONE CREAM 5% 80GM WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, online version 19.3, Triamcinolone cream.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The current request is for Triamcinolone cream. There is no documentation supporting the rationale for use of this medication in this patient. Per the MTUS Chronic Pain Guidelines, the use of topical agents in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS Chronic Pain Guidelines, Triamcinolone cream is not medically necessary.