

Case Number:	CM14-0034725		
Date Assigned:	06/20/2014	Date of Injury:	06/20/2011
Decision Date:	11/20/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/20/2014

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 Emergency 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 injured worker is a 48-year-old male who reported an injury on 06/20/2011. The mechanism of injury was not submitted for clinical review. Diagnoses included elbow lateral epicondylitis; L5 strain with radiculopathy; bilateral knee, rule out internal derangement. Previous treatments included medication. Diagnostic testing included an MRI of the lumbar spine dated 12/02/2011 and MRI of the right elbow dated 12/02/2011. Within the clinical note dated 08/13/2012, it was reported the injured worker complained of right knee pain greater than left knee pain. The patient complained of low back/leg pain. On the physical examination, the provider noted the injured worker to have right knee positive effusion. The range of motion was 107 degrees with crepitus. The medication regimen included Ultram, Prilosec, and Medrox patch for daytime pain use. The provider requested Medrol patch, Mediderm. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (5/2/2012 - 8/13/2012) request for Medrox patch, Medi-derm (duration unknown and frequency unknown): 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 Topical NSAIDs Page(s): 111-112.

Decision rationale: The retrospective request (05/02/2012 through 08/13/2012) for Medrox patch, Mediderm (duration unknown and frequency unknown) is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. The request submitted failed to provide the treatment site. The request submitted failed to provide the dosage. Therefore, the request is not medically necessary.