

Case Number:	CM14-0055057		
Date Assigned:	07/07/2014	Date of Injury:	11/16/2009
Decision Date:	09/05/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/24/2014

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 records, presented for review, indicate that this 48 year-old individual was reportedly injured on November 16, 2009. The mechanism of injury was not listed in these records. The most recent progress note, dated March 10, 2014, indicates that there were ongoing complaints of left knee pain. However, the injured employee was cleared to return to work with modified duties in the same restrictions. The physical examination was not reported. Diagnostic imaging studies were not presented. Previous treatment included topical medications. A request had been made for multiple medications and was not certified in the pre-authorization process on March 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL-Acetaminophen Quantity 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: This is a centrally acting synthetic opioid analgesic not recommended as a first-line oral analgesic. The limited progress notes do not outline what other interventions have

been attempted to address the pain complaints. Furthermore, there is no discussion presented as to the efficacy with the use of this medication. Therefore, based on the limited clinical information presented and by the parameters noted in the MTUS, the medical necessity for this medication has not been established.

Medrox Ointment 20/5/0.375% 120 Grams: Upheld

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

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

Decision rationale: This is a topical preparation containing Methyl Salicylate, Menthol and Capsaicin. As noted in the MTUS, these topical preparations are "largely experimental," and there are few randomized controlled studies to support the efficacy of such a preparation. Furthermore, the limited progress notes presented for review, do not outline where this medication has been successful in addressing the pain complaints. Therefore, when combining the limited clinical information and the parameters noted in the MTUS, there is no medical necessity established with medication.