

Case Number:	CM14-0090412		
Date Assigned:	07/23/2014	Date of Injury:	04/22/2013
Decision Date:	09/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/16/2014

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 45-year-old gentleman was reportedly injured on April 22, 2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated April 21, 2014, indicates that there are ongoing complaints of left knee pain. Current medications include Tramadol and Anaprox. The physical examination demonstrated well-healed portals at the left knee. Range of motion was from 0 to 130. Tenderness was noted at the lateral joint line and there was decreased quadriceps strength of 4/5. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left knee arthroscopy including a medial and lateral meniscectomy and plica excision as well as physical therapy and bracing. A request was made for Flubiprofen/Tramadol/Ranitidine and was not certified in the pre-authorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Oral Medications-Flubiprofen/Tramadol/Ranitidine (100/100/100mg) #90:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009); Page(s): 111-113 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents including Tramadol and Ranitidine. Considering this, the request for a compound of Flubiprofen/Tramadol/Ranitidine is not medically necessary.