

Case Number:	CM14-0207699		
Date Assigned:	12/19/2014	Date of Injury:	04/16/2012
Decision Date:	02/11/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/11/2014

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:

Patient with reported date of injury on 4/16/2012. Mechanism of injury was not documented. Patient has a diagnosis of L knee pain, post L partial medial and lateral meniscectomy, chondromalacia of L knee and R knee pain. Medical reports reviewed. Last report available until 10/9/14. Patient complains of bilateral knee pains. Pain is 9/10 and worst on R side. Pain is chronic. Objective exam reveals antalgic gait, swelling to R anterior thigh and medial R knee. Tenderness to R knee joint line. Limited range of motion due to pain. MRI of R knee (6/16/14) reveals medial and lateral meniscus tears on R side. No medication list was provided. Patient has Flector and Lactulose written. Patient was reportedly on Tramadol, omeprazole and celebrex in prior notes. Independent Medical Review is for Flector 1.3% #30 and Decussate sodium 250mg #120. Prior Utilization Review on 11/14/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% #30: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines, topical analgesics such as Flector (Diclofenac epolamine) have poor evidence to support its use but may have some benefit. Diclofenac has evidence for its use in joints that lend itself for treatment such as knees, elbows, ankles, etc. but has no evidence to support its use for the shoulder, spine or hip. The patient has been using this chronically with no noted objective improvement. Therefore, the request is not medically necessary.

Docusate Sodium 250 mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: Docusate is a medication used for constipation. As per MTUS Chronic pain guidelines, patients on chronic opioid use should be placed on constipation prophylaxis. The patient is chronically on Tramadol and has complaints of constipation. The request is medically necessary.