

Case Number:	CM15-0100648		
Date Assigned:	06/03/2015	Date of Injury:	12/13/2013
Decision Date:	07/01/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 20 year old male, who sustained an industrial injury on December 13, 2013. He reported an injury to his left knee. Treatment to date has included knee surgery, medications, MRI of the left knee and physical therapy. Currently, the injured worker complains of residual pain following left knee surgery. On physical examination he has tenderness to palpation over the medial and lateral joint line and to the patella-femoral joint. He has a limited range of motion of the left knee and decreased sensation to pin-prick and light touch. The diagnoses associated with the request include status post left knee surgery with residual pain and rule out left knee internal derangement. The treatment plan includes Synapryn, Tabradol, Deprizine, Dicopanol and Fanatrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol 5mg/ml oral suspension 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dicopanol Instructions Insert.

Decision rationale: The claimant sustained a work-related injury in December 2013 and underwent left knee arthroscopic surgery in May 2014 with an ACL reconstruction, lateral meniscal repair, and partial medial meniscotomy. When seen, pain was rated at 10/10. There was left knee joint line and patellar tenderness with decreased range of motion. There was decreased left lower extremity strength and sensation. Dicopanol is diphenhydramine hydrochloride in a FusePaq. Compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Dicopanol is not medically necessary.