MAXIMUS Federal Services

Case Number:	CM15-0188265		
Date Assigned:	09/30/2015	Date of Injury:	08/21/2006
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/24/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old male, who sustained an industrial injury on 8-21-2006. The injured worker was being treated for right knee osteoarthritis. Medical records (8-20-2015) indicate ongoing right knee pain. He reported his right knee pain had significantly decreased following viscosupplementation injections were completed in 4-2015, but has since gradually increased. His ambulation distance was not significantly changed. He reported benefit with the use of topical pain medications. The physical exam (8-20-2015) revealed a slight left-sided antalgic gait, left shoulder greater than right varus knee alignment, right medial joint line tenderness, and right knee flexion of 177 degrees and extension of 135 degrees. There was guarding and poor muscle relaxation and patellofemoral crepitus of the right knee. Treatment has included viscosupplementation injections, a home exercise program, and medications including pain and non-steroidal anti-inflammatory. Per the treating physician (8-20-2015 report), the injured worker is retired and has not returned to work. 8-24-2015, the requested treatments included Naproxen 550mg #60 and Medrox 0.0375% #3 tubes. On 9-1-2015, the original utilization review non-certified requests for Naproxen 550mg #60 and Medrox 0.0375% #3 tubes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2006 injury nor have they demonstrated any functional efficacy in terms of improved status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The request for Naproxen 550mg #60 is not medically necessary and appropriate.

Medrox 0.0375% #3 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Medrox Patches contains Capsaicin/Menthol/Methyl Salicylate. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Medrox over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. There is little to no research to support the use of many of these topical agents and any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, formulation of Capsaicin 0.0375% in Medrox patches over 0.025% has not been shown to be more efficacious. The request for Medrox 0.0375% #3 tubes is not medically necessary and appropriate.