

Case Number:	CM15-0209591		
Date Assigned:	10/28/2015	Date of Injury:	04/23/2015
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/24/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old male patient with an industrial injury date of 04-23-2015. The diagnosis includes symptomatic medial meniscal tear with mild arthritis. Per the doctor's note dated, 9/9/15, he had complaints of right knee pain. Physical examination of the right knee revealed antalgic gait, swelling, tenderness, range of motion- extension 0 and flexion 110 degrees and 4/5 strength. Per the note dated 9/9/15, the medications list includes meloxicam, ultram and lidopro gel. Per the doctor's note dated 08-23-2015, he had complaints of pain in right knee. Physical exam dated 08-23-2015 revealed range of motion from 0-140 degrees, mild patellofemoral crepitation with medial joint line tenderness and positive McMurray's with varus stress. The patient was prescribed medications on 8/22/15 including keflex, vitamin C, norco, zofran, naproxen, colace and tramadol. He had MRI right knee dated 05-20-2015 which revealed evidence of a tear of the medial meniscus and mild arthritic changes of the knee. The patient was authorized with right knee meniscectomy debridement on 9/22/15. The treating physician is requesting authorization for post-operative associated surgical services to include stool softener and vitamin C to promote healing. On 10-19-2015 the request for Vitamin C 500 mg one by mouth daily # 60 and Colace 100 mg 1 capsule by mouth twice daily # 10 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin C 500mg 1 PO QD #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/6811487>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Thompson MicromedexFDA labeled indication for Vitamin C.

Decision rationale: Vitamin C 500mg 1 PO QD #60. Per the cited guidelines "Post-fracture CRPS-I may be prevented with 500 mg vitamin C daily started upon diagnosis of fracture and continued through healing." Per the Thompson Micromedex, FDA labeled indications of the vitamin C includes "Ascorbic acid deficiency, Burn (Severe) and Wound healing." Per the records provided the patient was authorized with right knee menisectomy debridement on 9/22/15. Vitamin C was prescribed to use post operatively for healing. The cited guidelines recommended vitamin C for post operative wound healing. The request of Vitamin C 500mg 1 PO QD #60 is medically appropriate for this patient to use for post operative wound healing.

Colace 100mg 1 capsule PO BID #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 12/02/15)Opioid-induced constipation treatment and Other Medical Treatment Guidelines Thompson MicromedexFDA labeled indication for Docusate sodiumColace contains Docusate sodium.

Decision rationale: Colace 100mg 1 capsule PO BID #10. Per the cited guidelines " 3) Initiating Therapy (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (d) Prophylactic treatment of constipation should be initiated." According to the Thompson Micromedex FDA labeled indication for Docusate includes "constipation care." The medications list includes opioid-norco and tramadol which may cause constipation. The request of Colace 100mg 1 capsule PO BID #10 is medically appropriate and necessary for this patient.