

Case Number:	CM15-0240649		
Date Assigned:	12/17/2015	Date of Injury:	12/22/2009
Decision Date:	01/22/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/09/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 32 year old male who sustained an industrial injury on 12-22-09. The injured worker reported right knee discomfort with "swelling, knee pops, snaps and on occasion will lock". A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine sprain strain, status post right knee arthroscopy meniscectomy, status post right tibia open reduction and internal fixation, repair tendon dislocation right ankle, status post repair ankle laxity and status post right scapula fracture. Provider documentation dated 10-30-15 noted the work status as remain off work until 1-30-16. Treatment has included status post right knee arthroscopy meniscectomy, physical therapy and Scopolamine patches. Objective findings dated 10-30-16 were notable for decreased right knee range of motion, tenderness to the medial joint line and positive snap test. The original utilization review (11-20-15) denied a request for one prescription of Scopolamine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Scopolamine patches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Anticholinergics, 2015.

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

<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682509.html>.

Decision rationale: Pursuant to Medline plus, one prescription Scopolamine patch is not medically necessary. Scopolamine is used to prevent nausea and vomiting caused by motion sickness. In this case, the injured worker's working diagnoses are cervical spine sprain strain, status post right knee arthroscopy meniscectomy, status post right tibia open reduction and internal fixation, repair tendon dislocation right ankle, status post repair ankle laxity and status post right scapula fracture. Date of injury is December 22, 2009. Request for authorization is October 30, 2015. According to an October 30, 2015 progress note, Scopolamine was prescribed on a private basis. Subjective complaints state continued swelling, knee pops, and occasionally will lock. Objectively, right knee extension is 0 and forward flexion 145. There is medial joint line tenderness. Scopolamine was prescribed on a private basis. There was no clinical indication or rationale for Scopolamine. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, one prescription Scopolamine patch is not medically necessary.