

Case Number:	CM14-0216607		
Date Assigned:	01/06/2015	Date of Injury:	02/02/2012
Decision Date:	03/10/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: Pennsylvania, Ohio, 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:

This patient's primary diagnosis is osteoarthritis of the knee. As of 11/18/14, the patient reported worsening left knee pain with buckling and instability as well as neck and low back pain; an orthopedic evaluation was pending. On exam the patient had restricted motion with tenderness in multiple symptomatic areas as well as decreased sensation in the hands and feet. As of 10/21/14 the patient was noted to have tenderness at the joint lines of both knees with a mild effusion in the left knee. Previously, on July 29, 2014 the patient reported that medications allowed him to function; the patient was awaiting an orthopedic consult regarding a possible left total knee replacement; medications at that time included Medrox, Omeprazole, Orphenadrine, Norco, and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: MTUS recommends anti-inflammatory medications as first-line treatment for musculoskeletal pain. A prior physician review recommended non-certification of Naproxen given lack of subjective or objective documentation of benefit; the records do document that the patient reports Naproxen helps him to function, including notably on 7/29/14 while the medication was planned as an interim treatment pending a possible knee replacement. MTUS classically supports NSAID treatment in this situation. This request is medically necessary.

Capsacin 0.025% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Capsacian Page(s): 112.

Decision rationale: MTUS recommends Capsacian only as an option in patients who have not responded to or are intolerant to other treatments. The records document a positive patient response to prior NSAID and opioid treatment; thus topical Capsacian is not recommended based on the treatment guidelines. This request is not medically necessary.

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Cyclobenzaprine Page(s): 64.

Decision rationale: MTUS recommends Cyclobenzaprine only for a short course of therapy. This medication is not recommended by MTUS for chronic use, and the records do not provide an alternate rationale for its use. This request is not medically necessary.