

Case Number:	CM15-0111546		
Date Assigned:	06/18/2015	Date of Injury:	09/01/2006
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 54-year-old female, who sustained an industrial injury on 9/1/06. The injured worker has complaints of pain and stiffness in the left knee. The documentation noted that there is palpable tenderness over the medial aspect of the left knee and there is evidence of crepitus. The diagnoses have included left knee medial femoral condyle lesion. Treatment to date has included magnetic resonance imaging (MRI) left knee on 5/7/15 showed most consistent with prior partial medial meniscectomy with no evidence of recurrent medial meniscal tear, fibrillation of the free edge of the posterior horn of the lateral meniscus and degenerative changes primarily involving the lateral tibial plateau posteriorly; physiotherapy and pain patches. The request was for magnetic resonance imaging (MRI) of the left knee; limbrel 500mg (twice daily) #60; menthol pain patch #60 and medical office visit transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI knee.

Decision rationale: According to the ODG, indications for imaging of the knee include, acute trauma to the knee and non-traumatic knee pain. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. MRI scans are accurate to diagnose meniscus tears, but MRI is a poor predictor of whether or not the tear can be repaired. Studies showed that MRI studies are necessary if they are indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment. In this case, there are no significant physical exam findings consistent with instability or internal ligament derangement to warrant another MRI of the left knee. Medical necessity for the requested MRI has not been established. The requested study is not medically necessary.

Limbrel 500mg (twice daily), #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Limbrel (flavocoxid).

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

Decision rationale: Limbrel contains flavocoxid, a proprietary blend of natural ingredients from phytochemical food source materials. Flavocoxid is composed primarily of the flavonoids such as baicalin and catechin. Clinical studies have shown Limbrel to be effective in managing nutritional needs of osteoarthritis. There is no specific indication for the use of this medication. Medical necessity for the requested item has not been established. The requested supplement is not medically necessary.

Menthol pain patch, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no peer-reviewed literature to support the use of Menthol for the treatment of chronic pain. Medical necessity for the requested topical analgesic has not been established. The requested topical analgesic is not medically necessary.

Medical office visit transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www. dhcs. ca. gov](http://www.dhcs.ca.gov).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services ([dhcs. ca. gov](http://dhcs.ca.gov)).

Decision rationale: The California Department of Health Care Services recommends the use of medical transportation when medical services are necessary and the patient's physical condition precludes the use of transport by private or public transportation. In this case, there is no documentation indicating the patient's current social support system or cannot travel by private or public transportation. Medical necessity for the requested service has not been established. The requested service is not medically necessary.