

Case Number:	CM15-0127882		
Date Assigned:	07/20/2015	Date of Injury:	04/02/2014
Decision Date:	08/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/01/2015

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, North Carolina
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:

The injured worker is a 50-year-old female, who sustained an industrial injury on 4/02/2014. She reported pain in her right knee and right wrist after being struck by an electric wheelchair. The injured worker was diagnosed as having right wrist sprain, right knee sprain, possibility of ruptured Baker's cyst on the right side, and allergic to Motrin, Tramadol, and Voltaren. Treatment to date has included diagnostics, cortisone injections, physical therapy, home exercise, and medications. Currently, the injured worker complains of right knee pain and spasm in her right leg. Her knee stabilizer was chewed up by her dog. Exam of the right knee noted slight swelling and tenderness to touch on the medial joint line. She was prescribed Voltaren for inflammation and swelling (allergy), Norco for severe pain, and Terocin lotion for local application. Her work status was total temporary disability. On 5/06/2015, magnetic resonance imaging of the right knee and urine toxicology was requested. Her right knee pain was rated 10/10 at this time. Magnetic resonance imaging of the right knee (7/09/2014) and x-ray of the right knee (10/27/2014) findings were referenced in progress reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient urine toxic screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: CA MTUS states that urine drug screening (UDS) is recommended as an option to assess for the use or the presence of illegal drugs. In this case, the claimant is taking opioids. However, there is no documentation as to when the last UDS was administered. There is no evidence of medication compliance issues presented. Guidelines recommended only yearly testing in patients at low risk. The lack of information concerning previous tests and their results deems this request not medically necessary.

MRI right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The claimant was injured 5 years ago when she was struck in the right knee by an electric wheelchair. She was diagnosed with a right knee sprain, yet has complained of persistent pain, which she now rates as a 10/10. She has been treated with medications and physical therapy. An MRI of the right knee was performed on 7/9/2014, which revealed some mild degenerative changes of the patella and a small amount of fluid in the joint. It was otherwise negative. The request is now for a repeat MRI. A recent exam showed only slight swelling of the knee and tenderness over the medial joint line. All other tests for ligamentous stability and cartilage pathology were negative. Given the lack of physical findings, a repeat MRI of the knee just 13 months after a relatively normal test is not medically necessary.

Terocin lotion 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains topical lidocaine. MTUS states that other than the lidocaine dermal patch, other formulations of lidocaine (creams, ointments, gels) are not approved for neuropathic pain. A compounded topical cream containing lidocaine is therefore not recommended and not medically necessary.

