

Case Number:	CM15-0068820		
Date Assigned:	04/16/2015	Date of Injury:	12/15/2000
Decision Date:	05/15/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 70 year old male who sustained an industrial injury on 12/15/2000. His diagnoses, and/or impressions, included: coronary artery disease; symptomatic chondromalacia patella; medial meniscus tear with early osteoarthritis and pain, right knee, and status-post right knee arthroscopy with medial or lateral meniscectomy, chondroplasty and debridement (11/25/14). Recent magnetic resonance imaging studies of the right knee are stated to have been done on 10/3/2014. X-rays of both knees are stated to have been done on 8/25/2014. His treatments have included surgeries; prophylactic Amoxicillin for dental procedures or surgeries; pre-surgical chest x-ray and laboratories (11/17/14); physical therapy; use of cane; and medication management. Progress notes of 3/23/2015 reported that he was seen for post-surgical follow-up of his left total knee replacement on 1/24/2011, that he had no intra-operative or post-operative complications; that he continues to attempt to reduce his weight; that he is doing home exercises for his left knee; and that he requested his topical non-steroidal anti-inflammatory solution, to alleviate occasional muscle pain in the left knee, as well as Amoxicillin for prophylactic antibiotic coverage when having future dental work. The physician's requests for treatments were noted to include Pennsaid Solution 1.5% for left knee pain, and a refill of Amoxicillin for future dental or surgical procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid solution 1.5% (150 units): Upheld

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

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

Decision rationale: This 70 year old male has complained of knee pain since date of injury 12/15/00. He has been treated with surgery, physical therapy and medications. The current request is for Pennsaid solution 1.5%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Pennsaid solution 1.5% is not medically necessary.

Amoxicillin 500mg prophylaxis regimen for lifetime, 1 hour prior to all dental and other surgeries: Upheld

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

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

Decision rationale: This 70 year old male has complained of knee pain since date of injury 12/15/00. He has been treated with surgery, physical therapy and medications. The current request is for Amoxicillin 500mg prophylaxis regimen for lifetime, 1 hour prior to all dental and other surgeries. The available medical records do not contain documentation of an upcoming dental or surgical procedure. On the basis of the available medical records and per the guidelines cited above, Amoxicillin 500mg prophylaxis regimen for lifetime, 1 hour prior to all dental and other surgeries is not medically necessary.