

Case Number:	CM14-0150946		
Date Assigned:	09/19/2014	Date of Injury:	10/07/2010
Decision Date:	11/05/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Anesthesiology; Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 30-year-old male who reported an injury on 10/07/2010 due to unspecified cause of injury. The injured worker complained of left knee pain with a diagnosis of internal derangement. The injured worker reported his pain as a 2/10 with pain medication and a 7/10 without pain medication using the VAS. The medications included Norco 10 mg. The physical examination of the left knee dated 07/16/2014 revealed palpable defect at the incision, fascial hernia present, defect was palpable and painful, and tenderness was present at the medial joint line, medial portal incision, and minimal swelling present. Anterior drawer test was negative. Lateral pivot test was negative. Range of motion: extension 0 and flexion 130 degrees, limited due to pain. Prior treatments were not available for review. The MRI of unknown date to the left knee revealed a small segment of irregular articular cartilage thinning and subchondral irregularity along the anterior articular surface of the lateral femoral condyle. The treatment included Ducoprine, Tramadol and Naprosyn. The Request for Authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ducoprene 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76.

Decision rationale: The California MTUS Guidelines recommend prophylactic treatment for constipation and indicate that it should be initiated. The documentation did not indicate that the injured worker had constipation. The clinical notes dated 07/16/2014 indicated that the injured worker was not taking any medication. The physical findings were not evident that the injured worker had any complaints of constipation or a diagnosis or history of constipation. As such, the request is not medically necessary.