

Case Number:	CM13-0002591		
Date Assigned:	12/27/2013	Date of Injury:	02/07/1998
Decision Date:	02/20/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 patient is a 63-year-old female who reported an injury on 02/07/1998. The mechanism of injury was not provided. The patient was noted to have increasing problems with the left knee but not using a cane. The patient was noted to be on chronic Norco. The patient was noted to have tenderness along the lateral joint line with no instability of the left knee. The patient's diagnosis was noted to be impingement syndrome bilaterally, internal derangement of the knee, and status post surgical intervention on the right as well as the left times 2. The request was made for hyalgan injection to the left knee to decompress a cyst, Medrox patches, and laboratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injection to the left knee to decompress the cyst: 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) for knee & leg, hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Hyaluronic Acid injections.

Decision rationale: Official Disability Guidelines do not recommend hyaluronic injections for any indication other than severe significantly symptomatic osteoarthritis that has not responded to recommended conservative treatment and does not recommend it for any other indications. The clinical documentation submitted for review indicated the physician wished to use the hyalgan injections to reduce inflammation in the patient's joint and reduce the size of the baker's cyst that was present. However, as per Official Disability Guidelines, this condition would not be an indication for usage. As such, the request for hyalgan injection to the left knee to decompress the cyst is not medically necessary.

Medrox patches #25: 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 Pain Medical Treatment Guidelines Topical Salicylate, Capsaicin, page 112 and the Medrox Online.

Decision rationale: California MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." Capsaicin is not approved and Medrox is being used for chronic pain, by the foregoing guidelines, the request for Medrox is not certified as medically necessary. The clinical documentation submitted for review failed to provide exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Medrox patches #25 is not medically necessary.

Laboratory testing to include liver testing, comprehensive metabolic panel, CBC, and urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/liver-panel/tab/test>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Laboratory Testing Page(s): 70. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/urinalysis/tab/test>.

Decision rationale: California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal

function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Per Lab testsonline.com "A routine urinalysis may be done when someone is admitted to the hospital. It may also be part of a wellness exam, a new pregnancy evaluation, or a work-up for a planned surgery". The clinical documentation submitted for review failed to indicate the rationale for the extensive testing. While it was noted that the patient was taking Norco and should have a liver function test, there is a lack of documentation indicating the necessity for liver testing, comprehensive metabolic panel, CBC, and urinalysis. Given the above, the request for laboratory testing to include liver testing, comprehensive metabolic panel, CBC, and urinalysis is not medically necessary.