

Case Number:	CM13-0015035		
Date Assigned:	10/04/2013	Date of Injury:	12/18/2008
Decision Date:	01/24/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/21/2013

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 Internal Medicine, and is licensed to practice in Washington DC, and Virginia. 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:

This is a 44 year old woman who was sustained injuries while working as a cashier in a grocery store. she uses a cane to ambulate but had ongoing difficulty with her left knee. Following EMG testing and MRI, pt underwent a left TKA by [REDACTED] on October 20 2012. This was then followed by usage of a walker. Patient saw [REDACTED] for left knee manipulation on January 3 2013 which provided some relief and then went for further physical therapy for both knees She was noted to have right knee tear on a ct scan by [REDACTED] or [REDACTED], however this was delayed secondary to recovery time needed for the left knee operation. She was then followed by [REDACTED], as of May 4 2013. She had experience tingling and numbness of right foot and stiffening of her left knee. She had 50-60 pounds of weight gain. She was given medications: Norco 100/325mg bid, soma 350mg bid, Naproxyn 550mg bid, Voltaren 100mg bid, Flexeril 7.5mg bid and various analgesic creams. She was found to have right elbow lateral epicondylitis, right wrist sprain, right knee patellofemoral syndrome with a posterior horn medial meniscal tear. She was seen by a chiropractor , [REDACTED], on September 6 2013 for right hip, right knee , and left knee pain. she was noted to have a left sided limp associated with her gait. at the time, she was also instructed to ointments(keto-flex and flur 20), as checked off in the progress note. Her pain medications , Norco and Soma, were refilled and she was referred to a podiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin 500mg capsules: 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 Page(s): 50.

Decision rationale: The Physician Reviewer's decision rationale: Genicin is not addressed by MTUS directly. However, the active component of this treatment is glucosamine which is addressed. Per the MTUS, multiple studies are cited which have a range of results: ineffective in joint-space loss to effective in retarding the disease modification / progression. In the most recent research, glucosamine maybe show effective treatment on less severe osteoarthritis (OA) but not more severe OA. With this patient's clinical context, there is no evidence of actual arthritis and this treatment is not medically necessary.

Ketoprofen (NAP) cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38,56,72,112.

Decision rationale: The Physician Reviewer's decision rationale: NAP contains: Ketoprofen, Lidocaine, Panderm. Ketoprofen, according to MTUS, 'this agent is NOT currently FDA approved for topical application, due to its extremely high incidence of photo contact dermatitis. It can result in blood concentrations and systemic effect comparable to the oral forms and caution should be used for patients at risk, including those with renal failure'. There is no medical necessity for prescribing this therapy in this case.

Caps (NAP) cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 38, 41, 42, 43, 60, 64.

Decision rationale: CAPS contains: Capsaicin, Gabapentin, Tramadol, Flexeril, Menthol , Camphor and Panderm. According to MTUS, Capsaicin cream is indicated for patients with osteoarthritis (OA), fibromyalgia syndrome(FMS) and chronic back pain . In these situations, it has moderate to poor efficacy. In stimulus-independent pain, Capsaicin can be used but efficacy is not convincing. Topical Lidocaine can be used to treat neuropathic pain which is not described in this patient. MTUS does not specifically address Tramadol . Gabapentin as part of Gabapentin/Pregabalin is used as first line therapy for polyneuropathy, as well as for post-stroke pain, post herpetic pain; none of these apply to this particular case. Flexeril , topical, and

Menthol topical, is not recommended. Therefore, this therapy is also deemed medically unnecessary.