

Case Number:	CM13-0037070		
Date Assigned:	12/13/2013	Date of Injury:	11/08/2002
Decision Date:	02/10/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/22/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 55-year-old female who was injured in a work related accident on 11/08/02. The records indicate a history of chronic low back pain as well as left knee pain. The recent clinical assessment for review includes a 09/26/13 assessment with [REDACTED], indicated the claimant's low back pain is not chronic in nature, for which he is utilizing a significant dose of narcotic. He also describes a diagnosis of internal derangement to the left knee "status post arthroscopy February of 2008 with medial meniscectomy" indicating she is also wearing a left knee brace. He states that she points to the anterior aspect of the knee where there is a "soft tissue lesion" as the symptomatic issue. He describes no formal physical examination to the knee. He states that she is not independent and has also been using a back brace, heat and cold wraps, TENS devices, and topical compounded creams. He states that she has not had imaging "in several years". As stated, he describes tenderness at the area of the prepatellar bursa to the knee. Based on the claimant's current clinical picture, he recommended an excision of the bursal sac of the left knee to be performed surgically with continued use of OxyContin, Terocin patches, LidoPro cream, the need for preoperative medical clearance, the postoperative use of a polar care unit for 21 days, crutches, a knee brace, Amoxicillin, Zofran, Neurontin, and Rejuveness silicone sheet for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision of bursal tissues along the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Wheelless Textbook of Medicine.

Decision rationale: The California MTUS Guidelines as well as Official Disability Guidelines criteria are silent regarding prepatellar bursal removal. When looking at clinical literature for review, the role of a prepatellar bursa to be performed surgery would only indicate the failure with of these forms of management including aspiration and injection, and in the presence of an infected process. The records in this case indicate no recent treatment or physical examination findings that would support the acute need of a bursal resection based on the claimant's current clinical picture. The specific request in this case would not be indicated.

OxyContin 80mg #230: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for Use Section Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of OxyContin at a significantly high dose would not be indicated. The records indicate failure for the claimant to progress with documented benefit of medication management. A guideline criterion indicates discontinuation of opioids if no significant benefit is obtained. The treating physician indicates that the claimant continues to utilize significantly higher doses of narcotics without documented support. The continued role of this agent would not be indicated.

Terocin patches #30: Upheld

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

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

Decision rationale: The role of Terocin patches would not be indicated. The records indicate Terocin as a combination of Lidocaine, capsaicin, Salicylate/methanol. Lidocaine is typically not recommended per Guideline criteria as a first line agent without documented benefit of a tricyclic antidepressant or neuropathic agent. Capsaicin is also only recommended in claimant's who are intolerant to other forms of first line therapies or treatment. The records in this case do not indicate attempts at specific first line therapies. The role of this topical compounded agent would not be supported.

Lido Pro Cream: Upheld

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

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

Decision rationale: Based on California MTUS Guidelines, continued role of LidoPro cream would not be indicated. Once again, this agent contains Lidocaine, which was also present in the Terocin cream that was being recommended. The role of topical Lidocaine is not recommended without evidence of first line therapy, which as stated above, has not been documented. The continued role of this redundant agent that is being recommended for a second time in this claimant would not be indicated.

Pre-op clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

21 day rental of Polar Care: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

A pair of crutches: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

OxyContin 80mg #230: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for Use Section Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of OxyContin at a significantly high dose would not be indicated. The records indicate failure for the claimant to progress with documented benefit of medication management. Guideline criteria indicate discontinuation of opioids if no significant benefit is obtained. The treating physician indicates that the claimant continues to utilize significantly higher doses of narcotics without documented support. The continued role of this agent would not be indicated.

ELS ROM brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Amoxicillin 875mg #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Zofran 8mg #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Neurontin 600mg #: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale:

Rejuveness #1 silicone sheet: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: