

Case Number:	CM13-0037557		
Date Assigned:	12/18/2013	Date of Injury:	07/06/2011
Decision Date:	03/20/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/23/2013

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 Physical Medicine and Rehabilitation 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 22-year-old female who reported an injury on 07/06/2011. The mechanism of injury is not specifically stated. The patient is diagnosed with contusion of the lower extremity. The patient was recently seen by [REDACTED] on 10/02/2013. The patient reported 6/10 right lower extremity pain. The physical examination revealed decreased range of motion to the right knee, positive tenderness, positive crepitus, and 90 degree flexion. The treatment recommendations included physical therapy as well as a prescription for Norco 2.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy

Decision rationale: The California MTUS Guidelines state active therapy is based on a philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow

for a fading of treatment frequency plus active self-directed home physical medicine. Official Disability Guidelines state physical medicine treatment for pain in a joint includes 9 visits over 8 weeks. As per the documentation submitted, the patient was recommended for a course of physical therapy in 07/2013. Although the patient does demonstrate decreased range of motion with positive crepitus and tenderness to palpation, the current request for 12 sessions of physical therapy exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitors, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.

Flurbiprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of neuropathic pain upon physical examination. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Lidocaine 2% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of neuropathic pain upon physical examination. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Guidelines do not recommend Lidocaine in any form other than a transdermal patch. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Retro urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Opioids Section Page(s): 43; 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the documentation submitted, the patient's injury was greater than 2 years ago to date, and there is no indication of noncompliance or misuse of medication. There is no evidence that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.