

Case Number:	CM13-0038498		
Date Assigned:	12/18/2013	Date of Injury:	06/01/2004
Decision Date:	03/18/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/25/2013

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, has a subspecialty in Interventional Spine 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:

This is a 67 year old female with a 6/1/04 industrial injury claim. She has been diagnosed with bilateral knee arthrosis. The IMR application shows a dispute with the 10/14/13 UR decision. The 10/14/13 UR decision is from [REDACTED], and based on the 8/8/13 medical report, recommends non-certification for acupuncture, aquatic therapy x8, Proteolin #60, Cartivisc #90, Fluriflex topical and Tramadol ER 150 #60. The 8/8/13 medical report states that on 6/1/04, the patient twisted her right knee while placing a bin on a shelf. She underwent a surgery on the right knee on 5/18/05 arthroscopic medial meniscectomy, chondroplasty, patellofemoral synovectomy, lateral release. As of 8/8/13, she still has 7/10 pain right knee, and 8/10 left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This is an incomplete prescription for acupuncture. The duration and frequency were not listed. Without the duration and frequency, it cannot be compared to the

recommended duration and frequency provided in MTUS. I cannot confirm that the incomplete prescription is in accordance with MTUS guidelines.

Eight visits of aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The patient has bilateral knee injury. She has 7-8/10 pain in knees, antalgic gait and 4/5 quadriceps strength. MTUS states aquatic therapy is an option to land based exercise when decreased weight-bearing is desirable. MTUS states to see the Physical medicine section for the number of visits. The physical medicine section of MTUS states 8-10 visits for myalgias and neuralgias. The request for 8 sessions of aquatic therapy for this patient appears to be in accordance with MTUS guidelines.

Proteolin quantity 60: Upheld

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

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

Decision rationale: Proteolin is a nutritional supplement derived from milk, pineapple, black pepper and Turmeric. As a supplement, it is not FDA approved to treat any medical condition and cannot be considered medical treatment for any condition. It does not fit the Labor Code 4610.5(2) definition of medical necessity. "'Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury..." MTUS, ACOEM, ODG do not discuss Proteolin. In this case, the highest ranked standard is likely (E) generally accepted standards of medical practice. This is not the generally accepted standards of practice in the workers compensation community to use supplements to treat medical conditions.

Cartivisc 500mg/200mg/150mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: Cartivisc is a compounded medication with glucosamine and chondroitin and MSM. MTUS has some support for Glucosamine sulfate, but not glucosamine HCL. MTUS does not appear to recommend MSM, as it refers readers to the DMSO section in CRPS

medications. Cartivisc is not in accordance with MTUS guidelines because of the MSM component. MTUS gives a general statement on compounded products, pg 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

Fluriflex (flurbiprofen 155/cyclobenzaprine 10% cream 180gm): 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): s 111-113.

Decision rationale: Fluriflex is a compound of flurbiprofen 15%/cyclobenzaprine 10%. Fluriflex is not in accordance with MTUS. MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states Baclofen and other muscle relaxants are not recommended as a topical product. The muscle relaxant cyclobenzaprine component of the topical Fluriflex is not recommended, so the Fluriflex is not recommended.

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: This patient presents with chronic and persistent knee pain. Tramadol ER 150mg was prescribed on 8/8/13 for the patient's chronic pain. The follow-up reports on 9/5/13 and 10/14/13 do not discuss how the patient is responding to Tramadol. The reports only state that the patient's symptoms are worsening. For opiates use, MTUS guidelines require starting with the lowest dose possible. In this case, Tramadol was started at highest dose possible, at 150mg. MTUS also require pain assessment and function when medications are prescribed for chronic pain (p60). In this case, the treater does not ask any questions as to whether or not Tramadol helped, in what way, how it is used, and with what functional benefit. Despite lack of any such documentation, the treater would like the patient to continue this medication along with a list of other medications. It was not consistent with MTUS to start this medication at a high dose when 50mg tablets are available to try. It was not consistent with MTUS requirements for documentation of medication use, efficacy in terms of pain reduction and functional improvement. Therefore, recommendation is for denial.