

Case Number:	CM13-0043546		
Date Assigned:	12/27/2013	Date of Injury:	04/07/2007
Decision Date:	02/27/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

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 52-year-old female who reported an injury on 04/07/2007 after a backwards fall due to a wet floor that reportedly caused injury to the low back, bilateral knees and right shoulder. The patient has been conservatively treated with physical therapy, chiropractic care, medications and braces for the knee, ankle and wrist. The patient's medication schedule included Flexeril, Neurontin, Topamax, Terocin cream, Medrox patches and Acetadryl. The patient's most recent clinical examination revealed tenderness along the medial joint line of the right knee; grade 5+ strength to resisted function was also noted. Tenderness along the shoulder with weakness to resisted function was also noted. The patient's diagnoses included a rotator cuff tear on the right with retraction, a wrist sprain and hand sprain on the right, internal derangement of the right knee with a positive MRI, an ankle sprain with instability. The patient's treatment plan included a knee brace, the continuation of medications and lab testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for KNEO unloading brace for the right knee, QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), TWC Guidelines Web, Knee & Leg (Acute & Chronic), Updated 9/25/12, Knee brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The requested KNEO unloading brace for the right knee is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient already has access to a knee brace. The American College of Occupational and Environmental Medicine does recommend a knee brace to assist with instability related to a meniscal tear. The clinical documentation submitted for review does provide evidence that the patient has mechanical symptoms related to a meniscal tear. However, there was no documentation that the patient's existing brace was not adequately addressing that instability. Therefore, the addition of an unloading brace for the right knee is not clearly evidence. As such, the requested KNEO unloading brace for the right knee (Quantity: 1.00) is not medically necessary or appropriate.

request for Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The California Medical Treatment Utilization Schedule only recommends the use of muscle relaxants for short courses of treatment. Additionally, the clinical documentation submitted for review does not provide any recent evidence of muscle spasming that would benefit from this type of medication. Therefore, continued use would not be indicated. As such, the requested Flexeril 7.5 mg is not medically necessary or appropriate.

request for LidoPro lotion 4 ounces: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation the online website dailymed

Decision rationale: The requested medication includes capsaicin, lidocaine, menthol and methyl salicylate. The California Medical Treatment Utilization Schedule does recommend the use of menthol and methyl salicylate in the topical treatment for osteoarthritic pain. However, the requested medication also contains capsaicin. The California Medical Treatment Utilization Schedule only recommends the use of capsaicin when the patient has failed to respond to other forms of treatment. The clinical documentation submitted for review does indicate that the patient has failed to respond to conservative treatments and other medications as the patient's pain was noted to be increasing. However, the requested medication contains lidocaine. The

California Medical Treatment Utilization Schedule does not support the use of lidocaine in a cream formulation, as it is not FDA-approved for neuropathic pain. The California Medical Treatment Utilization Schedule does not recommend the use of any medication that contains 1 drug or drug class that is not supported. As this medication does contain lidocaine, it would not be indicated. As such, the requested LidoPro cream is not medically necessary or appropriate.

request for Complete Blood Count (CBC): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The California Medical Treatment Utilization Schedule recommends periodic lab testing of patients who have a history of nonsteroidal anti-inflammatory drug usage and are at risk for developing cardiovascular or hepatic or kidney-related disturbances. The clinical documentation submitted for review does not provide any evidence that the patient has been on a nonsteroidal anti-inflammatory drug for an extended duration to support the need for a CBC. The clinical documentation submitted for review does not provide any evidence that the patient's presentation includes symptoms that provide suspicion of deficits that would require this type of lab testing. Therefore, the need for routine lab monitoring would not be indicated. As such, the requested CBC is not medically necessary or appropriate.

request for Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The California Medical Treatment Utilization Schedule recommends periodic lab testing of patients who have a history of nonsteroidal anti-inflammatory drug usage and are at risk for developing cardiovascular or hepatic or kidney-related disturbances. The clinical documentation submitted for review does not provide any evidence that the patient has been on a nonsteroidal anti-inflammatory drug for an extended duration to support the need for a urinalysis. The clinical documentation submitted for review does not provide any evidence that the patient's presentation includes symptoms that provide suspicion of deficits that would require this type of lab testing. Therefore, the need for routine lab monitoring would not be indicated. As such, the requested urinalysis is not medically necessary or appropriate.

request for Comprehensive Metabolic Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The California Medical Treatment Utilization Schedule recommends periodic lab testing of patients who have a history of nonsteroidal anti-inflammatory drug usage and are at risk for developing cardiovascular or hepatic or kidney-related disturbances. The clinical documentation submitted for review does not provide any evidence that the patient has been on a nonsteroidal anti-inflammatory drug for an extended duration to support the need for a comprehensive metabolic panel. The clinical documentation submitted for review does not provide any evidence that the patient's presentation includes symptoms that provide suspicion of deficits that would require this type of lab testing. Therefore, the need for routine lab monitoring would not be indicated. As such, the requested comprehensive metabolic panel is not medically necessary or appropriate.