

Case Number:	CM13-0043566		
Date Assigned:	12/27/2013	Date of Injury:	04/07/2007
Decision Date:	04/18/2014	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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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:

A 52 year old female with industrial injury 4/7/07. Exam note 10/9/13 demonstrates complaint of right knee pain and low back pain. Report of radiation down to the toes and foot. Diagnosis of low back sprain and right knee internal derangement. Exam from 8/29/13 demonstrates ordering of comprehensive metabolic panel, CBC, U/A, Flexeril 7.5 mg #60, Neurontin 600 mg #90, Tramadol ER 150 mg #30, Medrox patches #10 and Acetadryl 25/500 mg #50 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 KNEO UNLOADING BRACE FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: CA MTUS does not recommend prophylactic brace or prolonged bracing for ACL deficient knees. Therefore request for knee unloading brace for the right knee is non-certified.

PRESCRIPTION OF FLEXERIL 7.5MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPINE Page(s): 41-42.

Decision rationale: Per review of the records there is no evidence to support a short course of therapy as recommended in the CA MTUS/Chronic Pain Medical Treatment Guidelines. This claimant has chronic musculoskeletal complaints. Therefore determination is for non-certification.

PRESCRIPTION OF LIDOPRO LOTION 4 OZ, #1: 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): 111-112.

Decision rationale: Topical compounded analgesics are not recommended per the Chronic Pain Medical Treatment Guidelines. Therefore the determination is for non-certification.

1 COMPLETE BLOOD COUNT(CBC) LAB TEST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PATINOFG, OLIVIERI J, ALLISON JJ, MIKULS TR, MORELAND L, KOVAC SH, JUAREZ L, PERSON S, CURTIS J, SAAG KG. NONSTEROIDAL ANTIINFLAMMATORY DRUG TOXICITY MONITORING AND SAFETY PRACTICES. J RHEUMATOL. 2003 DEC;30(12):2680-8.

Decision rationale: ACOEM/ODG are silent on the issue of CBC test. Evidence based guidelines have not been satisfied as there is insufficient evidence to suggest the claimant is at increased risk to warrant CBC. Therefore determination is for non-certification.

1 URINALYSIS TEST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: There is insufficient evidence of documentation of misuse of medications or evidence that the claimant is at high risk of misuse or addiction to satisfy the guidelines cited above. Therefore the determination is for non-certification.

1 COMPREHENSIVE METABOLIC PANEL TEST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PATINO FG, OLIVIERI J, ALLISON JJ, MIKULS TR, MORELAND L, KOVAC SH, JUAREZ L, PERSON S, CURTIS J, SAAG KG. NONSTEROIDAL ANTIINFLAMMATORY DRUG TOXICITY MONITORING AND SAFETY PRACTICES. J RHEUMATOL. 2003 DEC;30(12):2680-8..

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of comprehensive metabolic panel testing. According to peer reviewed literature there is insufficient evidence to support comprehensive metabolic panel testing in this patient. The patient has no evidence of increase risk factors in the chart to warrant the test. Therefore the determination is for non-certification.