

Case Number:	CM13-0044664		
Date Assigned:	12/27/2013	Date of Injury:	09/21/2010
Decision Date:	05/27/2014	UR Denial Date:	10/26/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a 64 year-old male who was injured on September 21, 2010 when he was carrying a ladder and felt pain in the right knee. He has been diagnosed with right knee internal derangement; bilateral knee effusion; bilateral knee strain; insomnia; status post right knee surgery. According to the October 1, 2013 pain management report from [REDACTED], the patient presents with 8/10 bilateral knee pain. The September 3, 2013 report from [REDACTED] states the 8/10 pain drops to 5/10 with medications. On October 28, 2013 UR recommended non-certification for a functional capacity evaluation (FCE), urine drug test (UDT); acupuncture 2x4; and use of cyclobenzaprine, Exoten-C lotion, and a compounded topical with cyclobenzaprine, ketoprofen, lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

A FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137 - 138, as well as the Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137 - 138.

Decision rationale: The patient presents with bilateral knee pain from a September 21, 2011 industrial injury claim, s/p right knee surgery on January 31, 2011. I have been asked to review for an FCE. MTUS does not discuss functional capacity evaluations. The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines. The request for a functional capacity evaluation is not medically necessary or appropriate.

URINALYSIS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The patient presents with bilateral knee pain from a 9/21/10 industrial injury claim, s/p right knee surgery on January 31, 2013. I have been asked to review for a UDT. The records show the patient had UDTs (urine drug tests) on January 31, February 28, March 28, April 25, June 11, July 9, and August 6, 2013. The issue here appears to be the frequency of UDT. The Chronic Pain Medical Treatment Guidelines does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. There is no mention of the patient being above low risk for aberrant drug behavior. ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for urinalysis is not medically necessary or appropriate.

EIGHT ACUPUNCTURE TREATMENTS, TWICE PER WEEK FOR FOUR WEEKS:
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with bilateral knee pain from a September 21, 2010 industrial injury claim, s/p right knee surgery on January 31, 2011. I have been asked to review for acupuncture, twice per week for four weeks. A review of the records shows the March 4, 2013 QME reevaluation from [REDACTED] performed a record review noting prior acupuncture from November 22, 2011. There is no discussion of efficacy or functional improvement from the prior course of acupuncture. The Acupuncture Medical Treatment Guidelines states acupuncture visits can be extended if there is documentation of functional improvement. [REDACTED] on October 1, 2013 recommended continuing acupuncture treatments, but there is no documentation of functional improvement. The request for continued acupuncture without documentation of functional improvement is not in accordance with the Acupuncture treatment guidelines. The request for eight acupuncture treatments, twice per week for four weeks, is not medically necessary or appropriate.

CYCLOBENZAPRINE 7.5 MG, NINETY COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63-66.

Decision rationale: The patient presents with bilateral knee pain from a September 21, 2010 industrial injury claim, s/p right knee surgery on January 31, 2011. I have been asked to review for continued use of cyclobenzaprine. The patient was prescribed a 30-day supply of cyclobenzaprine on September 3 and October 1, 2013. The Chronic Pain Medical Treatment Guidelines for cyclobenzaprine specifically states this medication is not recommended for use over 3-weeks. The request for cyclobenzaprine 7.5mg, ninety count, is not medically necessary or appropriate.

EXOTEN-C PAIN RELIEF LOTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter On Biofreeze.

Decision rationale: The patient presents with bilateral knee pain from a September 21, 2010 industrial injury claim, s/p right knee surgery on January 31, 2011. I have been asked to review for a Exoten-C. Exoten-C is composed of 20% methyl salicylate, 10% Menthol, and 0.002% Capsaicin. The Chronic Pain Medical Treatment Guidelines states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The Chronic Pain Medical Treatment Guidelines states topical anagesics are: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed" The patient is not reported to have neuropathic pain, so the topical analgesic would not be recommended. The compound also contains menthol. The Chronic Pain Medical Treatment Guidelines and the ACOEM guidelines do not discuss menthol directly, so ODG guideline were consulted. The ODG, under Biofreeze, states the active ingredient is Menthol, and that it is recommended as a topical cooling agent that takes the place of ice packs for acute conditions. The patient's knee injury is from 2010 and no longer in the acute phase. The request for Exoten-C pain relief lotion is not medically necessary or appropriate.

COMPOUND MEDICATION CYCLOBENZAPRINE 3%/KETOPROFEN 20%/LIDOCAINE HCL 6.15% ULTRACREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with bilateral knee pain from a September 21, 2010 industrial injury claim, s/p right knee surgery on January 31, 2011. I have been asked to review for a compounded topical medication that contains cyclobenzaprine, Ketoprofen, lidocaine. The Chronic Pain Medical Treatment Guidelines gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The topical contains Ketoprofen. The Chronic Pain Medical Treatment Guidelines states the FDA has not approved Ketoprofen for topical applications. The request for compound medication cyclobenzaprine 3%/ketoprofen 20%/lidocaine hcl 6.15% ultracream is not medically necessary or appropriate.