

<b>Case Number:</b>	CM13-0054515		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 13, 2011. Thus far, the applicant has been treated with the following: analgesic medications; topical agents; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; a knee corticosteroid injection; and a knee arthroscopy on July 1, 2013. In a Utilization Review Report of October 31, 2013, the claims administrator approved a request for Naprosyn, approved a request for Prilosec, and denied a request for Menthoderm, physical therapy, and Fexmid. It was suggested that the applicant has had 62 sessions of physical therapy authorized over the life of the claim. Menthoderm was also denied, citing pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. An earlier note of September 18, 2013 is notable for comments that the applicant is off of work, on total temporary disability. Multifocal knee, low back, and mid back pain were noted. The applicant was given prescriptions for Naprosyn, Protonix, tramadol, and Fexmid and was asked to remain off of work, on total temporary disability. A later note of October 10, 2013 is notable for comments that the applicant has persistent knee pain, 7-8/10. The applicant is having difficulty sitting, standing, and walking. Tenderness, limited range of motion, and guarding were evident. The applicant was again placed off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** As noted in MTUS, postsurgical treatment shall be discontinued at any point during the postsurgical physical medicine period in those applicants in whom no functional improvement is demonstrated. In this case, the applicant did, indeed, fail to demonstrate functional improvement despite having had unspecified amounts of postoperative physical therapy. The fact that the applicant was reporting heightened pain complaints in August, September, and October 2013, coupled with the fact that the applicant remained off of work, on total temporary disability, taken together, implied a lack of functional improvement as defined in MTUS following completion of prior physical therapy. Therefore, the request is not certified.

**Menthoderm ointment 120ml:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

**Decision rationale:** Mentoderm is salicylate topical. This request was a first-time request for Mentoderm, based on a survey of the file. As noted in the MTUS Chronic Pain Medical Treatment Guidelines, topical salicylates are recommended in the treatment of chronic pain, seemingly present here. Therefore, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.

**Fexmid 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

**Decision rationale:** As noted in of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant was described as using numerous other oral and topical agents, including Mentoderm, Naprosyn, etc. Addition of cyclobenzaprine or Flexeril to the mix was not indicated, particularly given the applicant's lack of functional improvement despite prior usage of the same. The fact that the applicant remained off of work, on total temporary disability, and remained highly reliant on various medications and medical treatments, taken together, implies a lack functional improvement as defined by the parameters established in MTUS. For all of the stated reasons, then, the request is not certified, on Independent Medical Review.

