

Case Number:	CM13-0057188		
Date Assigned:	12/30/2013	Date of Injury:	02/05/2009
Decision Date:	04/30/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 patient is a represented [REDACTED] employee who has filed a claim for chronic leg pain, neuropathic pain, tibial neuropathy, knee pain, chondromalacia patella, and depression reportedly associated with an industrial injury of February 5, 2009. Thus far, the patient has been treated with the following: Analgesic medications; topical compounds; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. The patient has been given work restrictions which the employer apparently cannot accommodate. In a utilization review report of November 18, 2013, the claims administrator denied a request for Dendracin lotion and retrospective range of motion testing, noting that California's Official Medical Fee Schedule (OMFS) considered range of motion testing part of the standard office visit. The patient's attorney subsequently appealed. A handwritten note of December 4, 2013 is difficult to follow, not entirely legible, and notable for comments that the applicant still has pain and weakness about the right leg. Swelling is noted about the calf. The patient has well-preserved knee range of motion to 127 degrees. Additional physical therapy is sought. A rather proscriptive 15-pound lifting limitation is endorsed. The patient is not working with said limitation in place. A supplemental report dated September 9, 2013 is notable for comments that the patient underwent electrodiagnostic testing which was negative for any neuropathy, despite the applicant's history of diabetes. In an earlier handwritten note of May 13, 2013, the attending provider seemingly asks the patient to discontinue Dendracin and employ topical Lidoderm patches. On December 5, 2012, the patient was given a prescription for Ultram 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." It is further noted that it is not clearly stated whether this represents a first time prescription or a renewal prescription. The documentation on file is sparse, handwritten, and difficult to follow. The fact that the applicant remains off of work, several years removed from the date of injury, does imply that ongoing usage of Dendracin has been unsuccessful, as does in earlier note of May 13, 2013, in which the applicant was asked to discontinue Dendracin. For all the stated reasons, then, the request is not certified, on independent medical review.

Range of Motion (ROM) testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 14 Ankle and Foot Complaints Page(s): 365-366, 334.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 334, "range of motion can be determined" as part and parcel of an attending provider's usual and customary knee examination. The MTUS-adopted ACOEM Guidelines in Chapter 14, pages 365 and 366 also state that the range of motion of the foot and ankle should be determined "both actively and passively." There is no support for the computerized range of motion testing seemingly being sought by the attending provider. ACOEM further takes the position in both chapters 13 and 14 that range of motion testing of the knee, foot, ankle, leg, etc., is part and parcel of an attending provider's usual and customary physical examination. Therefore, the request for computerized range of motion testing is not certified, on independent medical review.